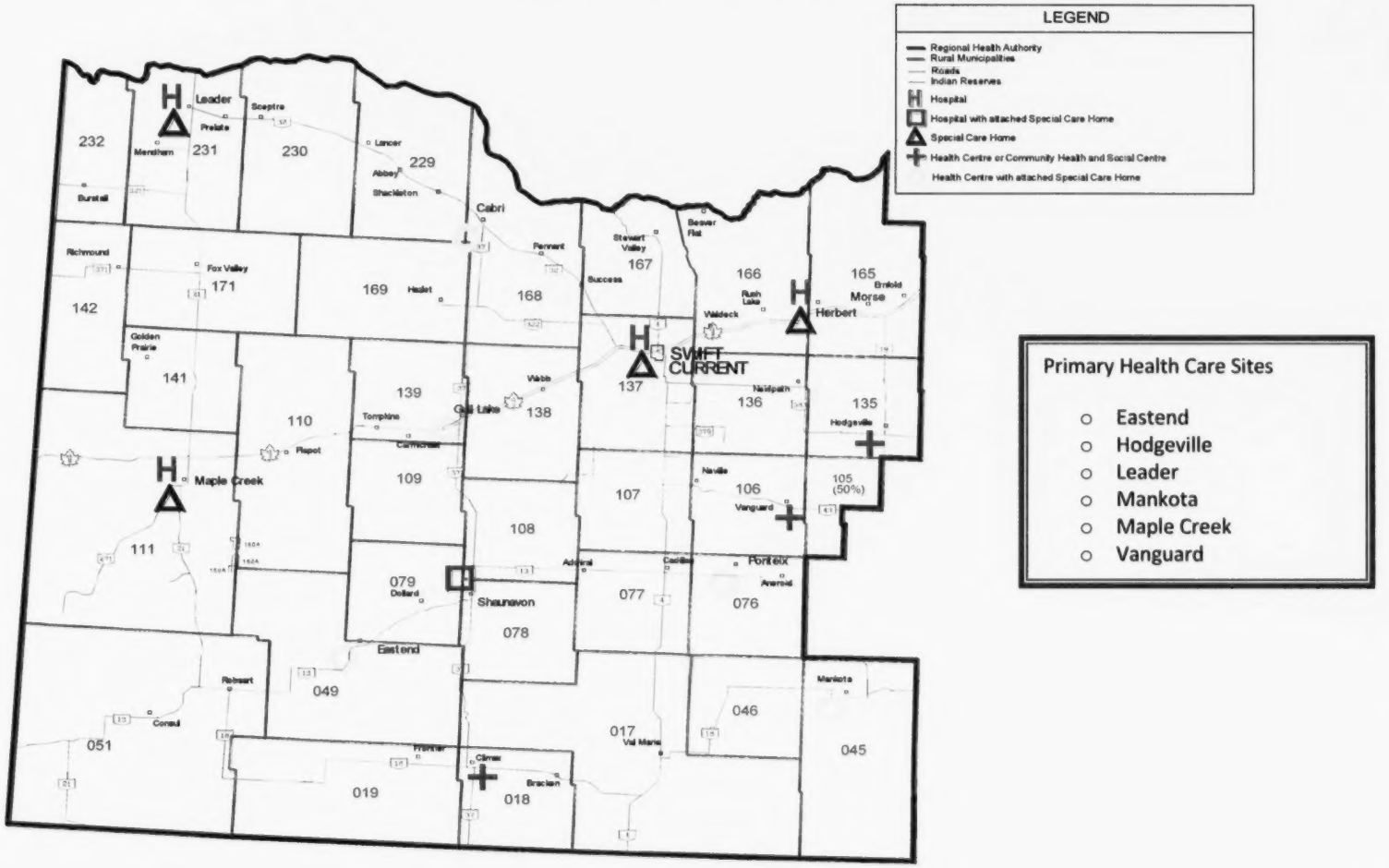
CYPRESS HEALTH REGION

Annual Report to the Minister of Health

For the fiscal year ending March 31, 2010

Saskatchewan Health

Cypress Health Region



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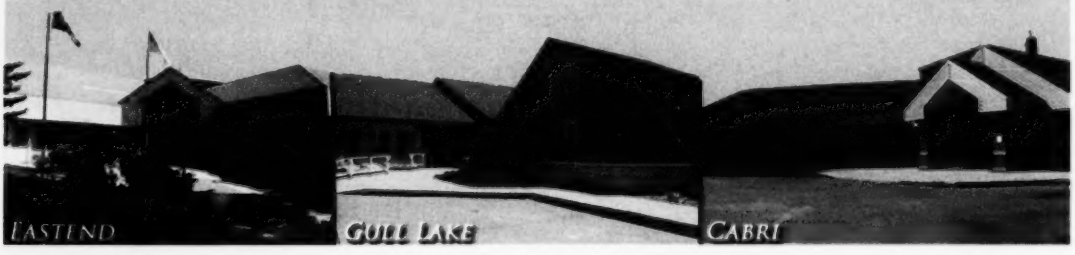
The Cypress Health Region's

Annual Report to the Minister of Health

For the year ending March 31, 2010
can also be accessed on the region's website:
www.cypresshealth.ca/publications.htm

Leaders in Rural Health Excellence

CYPRESS HEALTH REGION



LETTER OF TRANSMITTAL

TO: The Honourable Don McMorris
Minister of Health

Dear Minister McMorris:

The Cypress Regional Health Authority is pleased to provide you and the residents of the health region with its 2009-10 Annual Report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2010.

On behalf of the members of the Cypress Regional Health Authority, I would like to acknowledge the successes that our health region has enjoyed over the 2009-10 fiscal year. Of note, we would like to acknowledge several accomplishments, among many others:

- Implementation of the *Releasing Time to Care: The Productive Ward™* initiative at the Medical/Surgical Unit of the Cypress Regional Hospital;
- Continued consultation and planning with communities and the Ministry of Health towards capital building projects in Maple Creek, Leader, and Swift Current;
- Ministry of Health investments targeting the aging infrastructure within the health region;
- Introduction of the midwifery program and Autism Spectrum Disorder Coordination program; and,
- Implementation of Lean Six Sigma methodology to increase efficiencies and keep the focus on continuous improvement for the patient

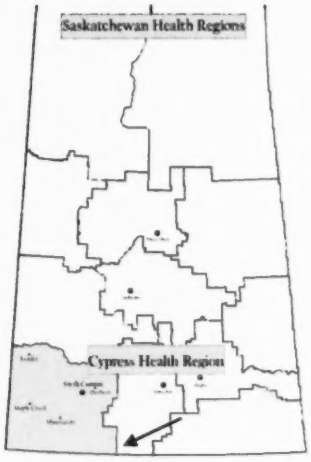
The contributions of our staff and physicians are essential to the successes achieved by the Cypress Health Region. Their ongoing support and dedication to quality health care is to be commended.

We appreciate the positive working relationship that exists with the Ministry of Health and the support that their staff has provided during the fiscal year. The Cypress Health Region embraces the recommendations of the *Patient First Review*, the principles of the *Quality as a Business Strategy* (QBS) initiative, and the *Accreditation Canada* process and looks forward to enhancing the client experience and continued board/organization development.

Respectfully submitted,

Tyler Bragg
Chairperson
Cypress Regional Health Authority

WHO WE ARE



The Cypress Regional Health Authority was established on August 1, 2002 with the proclamation of *The Regional Health Services Act.* The Authority assumed the operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date. The Cypress Regional Health Authority (RHA) is one of 12 Regional Health Authorities that exist within the province. For most purposes the organization uses the operating name Cypress Health Region and refers to the governing board as the Regional Health Authority.

The Minister of Health is responsible for the overall strategic direction of Saskatchewan's health system, determines provincial health service priorities, and allocates resources for service delivery. The Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of the health services it provides within its boundaries.

An *Accountability Document* between each RHA and the Ministry of Health further specifies the organizational program and service expectations for each RHA and links expectations with funding.

The Cypress Health Region is supportive of the strategic direction set out in the provincial government's approach for health care. In consideration of this support, the RHA developed a series of strategic statements that reflect the provincial approach to continuous improvement and our commitment to health care quality for the people of southwest Saskatchewan.

The health region's strategic statements were developed by the RHA to represent the region's focus on quality health care and target the overall provincial direction for health.

These value statements have been established to guide the many decisions that are made regarding the delivery of health programs and services throughout the health region.

Every value statement plays a role in the decision-making processes that occur. For example, a focus on "quality compassionate care" has been demonstrated through the region's ongoing involvement in the *Safer Healthcare Now!* initiative and participation in the variety of projects/research offered within the Health Quality Council (HQC).

CYPRESS HEALTH REGION

Vision

Together – Your Health, Our Future

Our Values

Safe Quality Compassionate Care
Integrity and Accountability
Ethical Decision Making
Innovation and Learning
Shared Responsibility for Improving Health
Respect for Diversity

"Innovation and learning" has been evidenced by early adoption of MDS (minimum data set) in Home Care, with the health region becoming one of the first regions in the province to have all home care staff trained and implementing this client assessment tool. The use of Telehealth and teleconferencing technology has allowed staff, physicians, and clients the opportunity to access long distance education.

The Regional Health Authority is also guided by a series of policies and procedures that provide a framework for its governance responsibilities. A "Code of Conduct" policy and procedure speaks to the expectations of individual RHA members:

> *"The RHA expects of itself and its members ethical and businesslike conduct. It expects its members to treat one another and staff members with respect, cooperation, and a willingness to deal openly on all matters."*

The health care environment is one where ethical dilemmas can present themselves when two or more values, or two or more individual perceptions of decision-making, are in a conflicting position. The Ethics Committee was created to address ethical issues as they arise due to daily operational issues or more strategic decision-making processes. The Committee is comprised of health region staff and RHA representatives, along with several members of the community.

Strategic Plan 2007-2010

The RHA and management developed a three-year strategic plan, which provided the foundation to meet long-term goals and demonstrate progress consistent with the region's vision statement. The plan was prepared in accordance with the Ministry of Health's strategic direction, provincial performance measures, Accreditation Canada's framework and standards, and the health region's vision, values, goals, and objectives.

CYPRESS HEALTH REGION

Goals and Objectives

Goal #1 – Improved access to quality health services

Objectives

- Improve access to hospital, specialized services, home care, and long term care
- Responsive, coordinated primary health care
- Reduce waiting times for surgical and diagnostic procedures

Goal #2 – Effective health promotion and disease prevention

Objectives

- Improve promotion, advocacy, and information for healthier lifestyles
- Improve the health of communities

Goal #3 – Retain, recruit, and train health providers

Objectives

- Improve the retention and recruitment of health care professionals to meet Saskatchewan's health needs
- Develop representative workplaces that facilitate full participation in all health occupations
- Safe, supportive, and quality workplaces that retain and recruit health care professionals

Goal #4 – A sustainable, efficient, accountable, and quality health system

Objectives

- Ensure safe, quality, effective health care
- Appropriate governance, accountability, and management for the health sector
- Sustain publicly funded and publicly administered Medicare

The plan included a strategic "scorecard" which served as a key summary tool to guide staff with operational planning and the RHA's desire to be accountable and transparent. In addition, the establishment of targets and trending of results addressed performance measure requirements of all stakeholders, including the office of the Provincial Auditor.

The region has completed year three of its 2007-2010 strategic plan.

The *Strategic Plan 2007-2010* provided the blueprint for achieving the following strategic priorities: 'Rural Health Strategy', 'Primary Health Care', 'Recruitment and Retention', and 'A Culture of Safety'. It included minor revisions to the RHA's value statements and goals/objectives which reflected the emphasis on "safety" for clients and staff.

The *Strategic Plan 2007-2010* can be accessed by visiting the health region's website at www.cypresshealth.ca/board.htm

The 2007-10 strategic plan expired at the end of March 2010, which is also the conclusion of the 2009/10 fiscal year. The Cypress Health Region compiled input from its staff, physicians, leadership team, board of directors, and others to develop a new strategic direction for 2010-2013. The region's new strategic direction will once again strongly align the Cypress Health Region's goals and objectives to that of the larger Saskatchewan health system.

This new strategic direction is centred on the Ministry of Health's foundational pillars. A total of five pillars have been developed by the Ministry, and the Cypress Health Region will continually strive to meet and exceed the expectations of the pillars. The five pillars are:

⇒ ***Health of the Individual*** – goals, initiatives, and measures directed at enhancing the individual's care experience and health outcomes.

⇒ ***Health of the Population*** – goals, initiatives, and measures directed at improving the overall health and health outcomes of the population and reducing health disparities.

⇒ ***Providers*** – goals, initiatives, and measures directed at enhancing the capabilities and capacity of all providers, and the effectiveness of the working environment. Capacity may fall into human capital, infrastructure capital, or organizational capital.

⇒ ***Sustainability*** – goals, initiatives, and measures directed at fostering the overall sustainability of the health system through the effective management, allocation, and strategic investment of financial resources and stewardship of capital assets ultimately resulting in enhanced value for the public.

⇒ ***Supporting Processes*** – in order to achieve the above pillars, the health system will need to excel at key processes related to organizational excellence and innovation.

Programs and Services

Approximately 1,700 staff provide a wide variety of facility-based and community-based programs and services across the health region.

CYPRESS HEALTH REGION

CYPRESS HEALTH REGION FACILITIES

Community	Facility	Total # of Beds
Cabri	Prairie Health Care Centre	22
Climax	Border Health Centre	0
Eastend	Eastend Wolf Willow Health Centre	28
Gull Lake	Gull Lake Special Care Centre	37
Herbert	Herbert & District (Acute)	8
	Integrated Facility (LTC)	40
Hodgeville	Hodgeville Health Centre	0
Leader	Leader Hospital	21
	Western Senior Citizens Home	36
Mankota	Prairie View Health Centre	20
Maple Creek	Maple Creek Hospital	20
	Cypress Lodge	48
Ponteix	Ponteix Health Centre	0
	Foyer St. Joseph Nursing Home (Affiliate)	33
Shaunavon	Shaunavon Hospital (Acute)	18
	& Care Centre (LTC)	44
Swift Current	Cypress Regional Hospital **	89
	Palliser Regional Care Centre	94
	Prairie Pioneers Lodge	41
	Swift Current Care Centre	63
Vanguard	Vanguard Health Centre	0
	Totals	**662**

** Cypress Regional Hospital - Acute Care includes 10 psychiatric beds

Hospitals/Acute Care

The Cypress Regional Hospital in Swift Current offers a comprehensive range of acute clinical services including general medicine, emergency, general surgery and anaesthetic services, obstetrics and gynaecology, paediatrics, internal medicine, on-site radiology, inpatient psychiatry, and an intensive care unit. Secondary specialty services such as ophthalmology, urology, and a host of visiting specialties that travel to provide services also play a prominent role at the regional hospital.

This facility provides state-of-the-art acute care programs and services and serves as one of the newest acute care facilities in the province.

Four community hospitals in Herbert, Leader, Maple Creek, and Shaunavon offer general medicine, emergency services, basic laboratory and diagnostic procedures, and observation/convalescent/palliative care.

CYPRESS HEALTH REGION

Service	2009/10	2008/09	Variance
Inpatient Days	29,173	29,535	1.2% ↓
Inpatient Days - Newborn	870	794	8.7% ↑
Chemotherapy - Treatments	988	1,008	2.0% ↓
Laboratory - Outpatient Visits	45,429	44,079	3.0% ↑
Addiction Services - Total Hours	5,489	3,243	40.9% ↑
Community Therapy - Total Visits	4,254	3,983	6.4% ↑
EMS Code 4 Calls - (Emergency Calls)	1,059	1,166	9.2% ↓

Acute Care and Diagnostic Imaging Service Indicators
Cypress Health Region

All 5 Hospitals in Cypress Health Region	*2009-10 Total*	*2008-09 Total*	*2007-08 Total*
Separations**	5,880	6,309	6,462
Inpatient Days	29,173	29,535	31,241
Hospital - Emergency/Outpatient Visits	30,864	32,812	32,092
Diagnostic Imaging - Outpatient Visits	21,962	22,969	25,146
Radiology - Standard Units - Total	256,591	262,253	248,917

Cypress Regional Hospital Only	*2009-10 Total*	*2008-09 Total*	*2007-08 Total*
Renal Dialysis - Treatments	1,420	1,657	1,702
Chemotherapy - Treatments	988	1,008	917
CT Scans - Total	4,638	4,065	3,926
Mammography Examinations	614	613	608
Ultrasound Examinations	4,631	5,127	4,855

NOTES
**Separations is the national standard term to define the number of patients who spent time in (were admitted to) hospital.

Six health centres (Cabri, Climax, Eastend, Gull Lake, Mankota, Ponteix) provide access to a variety of services such as observation/convalescent/palliative care, basic laboratory and diagnostic procedures, and outpatient care.

Specialized Acute Care Services

The Cypress Regional Hospital provides a multi-slice computerized tomography (CT) scanning service, an award winning six-station renal dialysis unit, and a Community Oncology Outreach Program.

Institutional Supportive Care

Long-term care services are provided in 10 communities across the health region. The program is offered in a variety of standalone long-term care facilities and integrated facilities (i.e. with a health centre or acute facility) and has 470 permanent long-term care beds.

Emergency Medical Services

A total of 21 ambulances based in 12 ambulance service sites across the health region provide EMS services to the residents of southwestern Saskatchewan – seven region-operated and five municipal or privately operated. The EMS services made a total of 3,539 trips over the fiscal year, which is an increase of nearly 100 trips from the previous year. Our EMS crews travelled over ½ million kilometres as they transferred clients.

Home Care

A full array of home-based supportive care services is available throughout the region. Regionalized case management processes and standardized assessment tools have been in place and provide consistent practices.

In the 2009-10 fiscal year, home care services provided nearly 100,000 units of service, including nursing, homemaking, and Meals on Wheels.

A Palliative Resource Nurse group has been established with the goal of developing "experts" in palliative care in all regional facilities and programs. The Palliative Consultative Team meets regularly to review complicated palliative cases and offer advice direction, upon request, to other health care providers in the region. Palliative volunteer training has been completed in two communities.

Primary Health Care

With the addition of a designated Primary Health Care site in Mankota in February of 2009, the region remains as a developer of Primary Health Care in the province. Nearly 28% of the region's population is situated within range of a Primary Health Care team.

Chronic Disease Management

Chronic Disease Management has been emphasized by the region and programming has been implemented in a number of communities throughout the health region. The region and its physician partners have been provincially acknowledged for their involvement in the Health Quality Council's *Chronic Disease Management Collaborative*.

Mental Health and Addiction Services

The region provides a comprehensive set of both outpatient and inpatient Mental Health Services. It provides outpatient addiction services along with referrals to appropriate inpatient addiction services.

Outpatient services provide services to children, youth, and adults. They include child and youth mental health, adult mental health, psychiatric rehabilitation, alcohol and drug assessment, and problem gambling services. Addictions Services also provides for an adult outreach program.

The Acquired Brain Injury program provides services to individuals that have suffered a brain injury, along with their families, throughout the region.

A 10-bed unit located in the Cypress Regional Hospital provides inpatient mental health services. The unit is staffed 24 hours per day and a psychiatrist is on call at all times. The average length of stay is among the lowest in the province due to discharge planning being initiated on admission to the unit, and the excellent working relationships with community based organizations and health care organizations (HCOs).

Population Health

The Population Health Promotion Strategy continues to form the model for population health programming. A variety of programs and services that include nutrition, public health inspection and nursing, dental health education, speech language, and immunization are offered by professional staff. The region hosts the provincial Parent Mentoring Program of Saskatchewan Coordinator. The addition of a Health Promotion Coordinator has enhanced the focus on mental wellbeing and substance use/abuse.

Management of Risks

Health Human Resources

Similar to other health authorities throughout the province and country, the Cypress Health Region faces the major challenge of health human resource availability. The ability to recruit and retain our health professionals (for example – physicians, registered nurses, public health inspectors, therapists, pharmacists, speech language pathologists, etc.) will continue to create issues for the continuation of service provision in some areas.

The maintenance of 24-hour registered nurse coverage has been difficult in several rural facilities. The region has partnered with the staff and union partners to maximize the use of available nursing resources and utilize registered nurses and licensed practical nurses to their full scope-of-practice. A variety of caregiver mixtures are being explored to provide the type of care required. As well, the region has emphasized ongoing discussions with municipal council leaders in identifying strategies to enhance the recruitment and retention efforts.

The health region is appreciative of the strategies that the Ministry of Health has implemented relating to health care professional recruitment and retention. Together with the Ministry's granting and bursary opportunities and internet-based postings of job opportunities, the region continues to increase its recruitment efforts and marketing strategies to move towards its objective of becoming the employer of choice among health regions. Regional activities that are attempting to address human resource issues are closely tied to the Ministry's strategic guidelines.

A series of strategies were utilized by the region in 2009-10 including: the creation of healthy workplace programming initiatives (transfer/lifting/repositioning program, occupational health and safety emphasis, etc.); Employee & Family Assistance Program; Aboriginal Awareness Training; ability management program; promotion of representative workforce; enhancement of a learning environment where continuing educational opportunities are available in a variety of mediums.

The value of a learning environment has proven beneficial as we continue to learn from the incidents that occur and through the root cause analysis investigations that follow them. As we implement best practises, change will be inevitable.

Physician Recruitment

The Cypress Health Region has a number of rural-based single physician practices, which may pose difficulties in recruiting replacements when the necessity arises. Combined with the geographic concerns and the distribution of population in our rural areas, access to physician services has the potential to become more difficult each year. During the year, a number of temporary service disruptions in our facilities were the result of physician unavailability. On-call physician coverage places tremendous strain on our rural physicians where a full complement of physicians is not in place, causing burnout and extreme workloads. These workload demands have a direct impact on the region's ability to retain the physicians that it successfully recruits.

Recruitment of specialist physicians to provide services at the Cypress Regional Hospital has at times been challenging.

The Medical Affairs Coordinator position has noticeably enhanced the efforts to address the recruitment challenges of physicians and to develop the necessary relationships that assist in retaining these hard-to-recruit professionals. Health region officials have met with municipal and community leaders to discuss options relating to the development of primary health care services. Various Physician Recruitment Committees in rural communities throughout the region are in place to assist the health region in recruiting skilled medical practitioners.

During the fiscal year seven physicians were recruited. This was offset by the departure of seven physicians, three of which retired. The retention of physicians is key to providing stable medical services in our communities.

The Cypress Health Region has 32 General Practitioners in addition to 22 Specialists:

Specialists
1 Medical Health Officer
3 Psychiatrists
2 Internists
2 Radiologists
1 Surgeon
2 Paediatricians
2 Obstetrician/Gynaecologists
1 Pathologist
1 Opthalmologist
1 Urologist
2 Anaesthetics

Visiting Specialists:
Gerontology
Nephrology
Otolaryngology
Orthopaedics

Financial

Although the Ministry of Health receives a large percentage of the provincial budget from the Treasury Board, health care costs and expenditures continue to escalate at an advanced pace. Appropriate utilization of available financial resources has been, and will continue to be, a high priority for the future.

Key financial risks to the Cypress Regional Health Authority (RHA) include:

⇒ Limited financial resources to invest in capital infrastructure
⇒ Limited financial resources to invest in implementing research-based best practices
⇒ Increasing expectations on the health care systems, placing financial pressures on the region
⇒ Funding may be unable to keep pace with the escalating costs of the changing health care system

How we mitigate the risks:

1. Implement processes and plans to identify, measure, and report capital infrastructure needs to the Ministry of Health based on a defendable capital asset management plan.
2. The region continually improves the efficiency of the service delivery models to allow for reinvestment into best practices. With limited resources, a focused implementation plan for best practices must ensure the region receives best value for any investment that is made.
3. As expectations of the government and public increase, the region communicates the impact of those increasing expectations to the Ministry of Health to ensure the operating financial pressures are identified to enable the government and the Cypress Health Region to work together to meet expectations.
4. Continual communication with the Ministry of Health through monthly financial reporting allows the region to work with the government to identify and address operating pressures as they are experienced. The region is implementing processes to create operational efficiencies, reduce sick and overtime, and is exploring opportunities for shared services.

Emphasis on Client/Staff Safety

Ensuring the safety of all clients as they access services within the health system and the staff as they fulfill their duties is priority across the entire country. The concept of patient safety is a key ingredient to achieving accreditation status through Accreditation Canada and through a variety of organizations including *Safer Healthcare Now!*, Health Quality Council, and the Canadian Patient Safety Institute. Our health region has taken the approach to safety seriously, and if the region did not pay due attention to identifying, anticipating, and address the overall issue of safety, we would be overlooking this serious risk.

Cypress is focused on 'safety' and has incorporated it in its *Strategic Plan 2007-2010* document, both as a separate value statement and inclusion in one of the goal statements. Safety has also been identified as the region's highest value in the 2010-2013 strategic plan. Other means of emphasizing safety include: a department dedicated to safety and quality improvement, implementation of a falls prevention program, enhanced attention to occupational health and safety programming, purchase of capital equipment to increase the level of safety for staff and clients alike, dedicated transfers/lift/repositioning staff person, quality care coordination, and an ability management program, among others.

Disclosure and transparency have been emphasized by the region, who has partnered with clients at local and national levels to highlight issues regarding client safety.

Governance and Transparency

The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the health region. These opportunities to consult with the 'community' provide information on broad issues related to the health of the community and help the Authority to better understand the needs and priorities of communities and their residents.

During the development of the 2007-10 Strategic Plan, a series of five geographically-established Community Leadership Networks was established. These networks were comprised of representatives from the eighty municipal councils within the health region's boundaries. In the past, there have been consultations held with each of the five Networks on an individual basis, along with a group consultation where all of the Networks' representatives were invited to join together to share information.

- Discussion points have included strategic planning elements, community/region asset mapping exercise, strategies surrounding joint community/health region physician recruitment processes, Patient First Review, operational budget review, capital project processes and planning, etc. These meetings have benefitted from presentations from the College of Physicians and Surgeons, the Ministry of Health, representatives from the *Patient First Review Commission*, and health region staff.

The Authority also utilizes an informal community consultation structure that takes advantage of existing intersectoral relationships that are already in place. Board and administration representatives have welcomed the opportunity to visit municipal councils across the region to discuss health care concerns and issues specific to that community and surrounding area. This approach will continue into the future as the Board attempts to enhance its open and transparent relationship with its municipal partners.

During the fiscal year, there has been extensive consultation with groups of municipal councils and community champions in relation to the planning of capital projects in Maple Creek, Swift Current, and Leader. As well, the partnership established with the Chinook School Division, who has very similar geographical boundaries with Cypress Health, has been continued and enhanced with joint discussions and ventures on specific issues (ex. H1N1 processes).

Other consultative processes that are being utilized include discussions at Regional Intersectoral Committee meetings, Southwest Municipal Government Forums, Chambers of Commerce, education and community stakeholder groups, and former health district-related advisory and trust committees. Specific examples include emergency medical services staff relationship with Emergency Measures Organizations (EMO) across the region, development of Community Action Teams to engage communities in the Population Health Promotion Strategy and the Southwest Drug Strategy Committee, and primary health care staff interactions with communities.

All formal and informal means of consulting with the public is beneficial for the strategic direction, transparency, and accountability of the Authority. Plans for the future include focus group discussions in communities throughout the region to discuss several specific themes, including Cypress Health's new strategic direction for 2010-2013, recruitment and retention of health professionals (with a targeted approach for retention of physicians in rural communities), sustainability of services, cost drivers to the health system, and customer engagement

Health Care Organizations

The Cypress Health Region works closely with a number of independent health care organizations and third party health service providers to deliver programs and services to residents of our health region. *The Regional Health Services Act* defines a 'health care organization' (HCO) as:

- *A prescribed organization that receives funding from a RHA to provide health services; or,*
- *An affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.*

Under the legislation, HCOs must provide health services consistent with the health region's operational plan and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contractual agreements are in place between the RHA and the HCO that set out the health services to be provided by the HCO and the funding to be received through the health region. HCOs are required to submit audited financial statements and statistical information to the health region.

These relationships include:

- *Foyer St. Joseph* – affiliate organization. They provide long term care services in the community of Ponteix and are physically integrated with the region-owned Ponteix Health Centre facility.
- *Private Ambulance Service Operators* – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix, and Val Marie.
- *McKerracher Support Services Inc.* – provider of independent living services for individuals suffering from a long-term mental illness.
- *Canadian Mental Health Association* – provider of day programming for individuals suffering from long-term psychiatric disorders.

The health region has a representative that attends and participates in meetings of the McKerracher Support Services and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the health region. In addition, monthly program meetings are held between representatives of the organizations and health region where joint client case planning is coordinated.

RHA Membership

As per *The Regional Health Services Act*, there are to be twelve members serving on the *Cypress Regional Health Authority* and are appointed by the Lieutenant Governor in Council. These members represent the diversity of the health region from a mixture of rural and urban backgrounds.

A series of new appointments to the Regional Health Authorities throughout the province were announced by the Minister of Health in February, 2009. Following that announcement, the Cypress Regional Health Authority included the following twelve members:

- Tyler Bragg - Swift Current (Chairperson)
- Ronald Heeg - Swift Current(Vice-Chairperson)
- Elaine Anderson - Frontier
- Pam Busby - Leader
- Bruce Deg – Swift Current
- John Duncan - Maple Creek
- Don Lewis - Maple Creek
- Lyle Quintin - Swift Current
- Judy Smith - Mankota
- Larry Stephens - Swift Current
- Brian Whiteside - Swift Current
- Terry Wilson - Morse

BOARD OF DIRECTORS
BACK ROW L TO R:
JOHN DUNCAN, LYLE QUINTIN, DON LEWIS,
TYLER BRAGG (CHAIRPERSON), BRIAN WHITESIDE
FRONT ROW L TO R:
LARRY STEPHENS, TERRY WILSON, JUDY SMITH, PAM BUSBY, RON HEEG (VICE-CHAIRPERSON)
MISSING: ELAINE ANDERSON

2009/10 Cypress Regional Health Authority Departures:

- ❑ *Bruce Deg (Swift Current) – October 21, 2009*

2010/11 Cypress Regional Health Authority Departures:

- ❑ *Elaine Anderson (Frontier) – May 7, 2010*

Roles and Responsibilities

The Regional Health Services Act defines the roles and responsibilities of the Minister of Health and the Regional Health Authority. The Minister and the Regional Health Authorities work in conjunction to ensure coordinated province-wide planning for the health system.

The Regional Health Authority (RHA) is responsible for the planning, organization, delivery and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for:

- Strategic planning;
- Fiscal management and reporting;
- Building and maintaining key relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation, and reporting of performance indicators; and,
- Monitoring the management and performance of the Authority and Chief Executive Officer.

Organization and Committee Structure

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined by Authority-approved Terms of Reference. The Authority will utilize ad hoc committees, whose membership will consist of Authority members, the Chief Executive Officer, and other members of the Senior Leadership Team (when required) to deal with specific issues.

To support the Authority in fulfilling its responsibilities, members participate in a variety of other committees including (but not limited to) the Leadership and Partnerships Quality Team, other Quality Teams, Ethics Committee, Community Leadership Networks, provincial Governance Committee, and the Saskatchewan Association of Health Organizations (SAHO) Board of Directors.

Board members report to their colleagues at regular monthly Board meetings regarding their participation in, and activities of, the committees.

Administrative Structure

Senior Management Team

The Chief Executive Officer is responsible to the Authority for the general operations and day-to-day administrative organization of the health region. The Chief Executive Officer has established a Senior Management Team that ensures effective planning, integration, and delivery of facility-based and community-based programs and services across the region.

The Senior Management Team consists of the following positions as depicted below:

Senior Management Team Departures:

- *Jim Hornell, CEO – April 2010*
- *Ed Harding, Executive Director Finance – April 2010*

Physicians

The involvement and input of the physicians within Cypress is key to the success of the health region's operations and strategic planning.

PHYSICIAN APPRECIATION EVENT

Practitioner Advisory Committee (PAC) as of March 31, 2010

Dr. Vijay Ashtekar	Dr. Naseem Malleck
Dr. Dawood Moola	Dr. Jason Gatzke
Dr. Ivo Radevski	Dr. Tadyo Khonje
Dr. Mustafa Shapan	Dr. Clare Kozroski

Dr. David Torr (Consulting Medical Health Officer)

Clinical Chiefs as of March 31, 2010

Family Medicine	Dr. Jason Gatzke
Medicine	Dr. Tadyo Khonje
Pathology/Laboratory/ Diagnostic Imaging	Dr. Mustafa Shapan
Psychiatry	Dr. Vijay Ashtekar
Surgery	Vacant
Women and Children	Dr. Naseem Malleck

Regional Medical Association (RMA) Executive as of March 31, 2010

President	Dr. Dawood Moola
Vice-President	Dr. Hein de Klerk
Past-President	Dr. Rizqi Ibrahim
Secretary-Treasurer	Dr. Jacobus de Jager

The Cypress Health Region provides health services to 80 rural and urban municipalities in the geographically diverse southwest corner of Saskatchewan. The region stretches from its northern border, the South Saskatchewan River, to its southern border, the United States of America. The Cypress Regional Health Authority has a western border of Alberta and spreads east until the Morse/Mankota area. Within the region's boundaries are approximately 43,500 individuals who live in rural and urban settings. Our region has a diverse population including twenty-nine Hutterite communities (approximately 50% of all Hutterite communities in the province) and one First Nations community. Nearly 5% of the Cypress Health Region's population consists of Hutterites.

A challenge that the Cypress Regional Health Authority faces is the distances between villages, towns, and cities, leaving certain communities vulnerable to accessing services. The southwest corner of Saskatchewan contains large geographical points of interest such as the Great Sand Hills, Cypress Hills Inter-Provincial Park, and the National Grasslands Park. These tourist attractions experience a population boost throughout the summer season and pose access blockages because of their enormity.

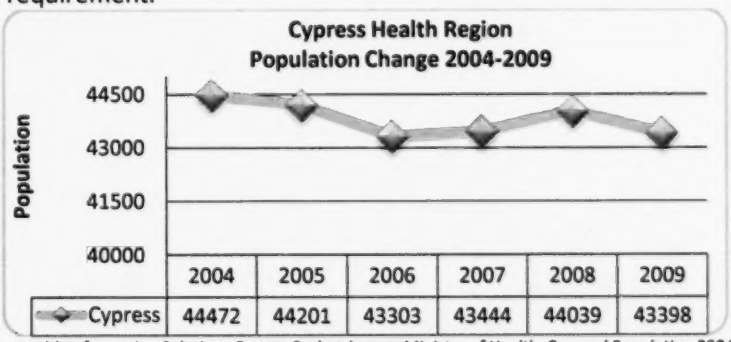
The Cypress Health Region is believed to be the largest single employer within the geographical region. With approximately 1,700 staff members the organization provides a wide variety of community–based and facility-based programs and services. The region has a total of twenty facilities that perform an assortment of program services such as acute care, long-term care, and others (i.e. observation, respite, palliative, and convalescent). As well, the region provides a broad range of additional programs such as community health services, home care planning, primary health care, and emergency medical services.

Population

Population Change

According to the Saskatchewan Ministry of Health, the population in the Cypress Health Region had an overall decline between 2004 and 2009. There was a decrease of approximately 1,000 individuals (-2.4% population change) in the time period, but the region saw a slight population growth between 2007 and 2008. While the region experienced a sharp decline in population between 2004 and 2006, it is believed that the population trend within the Cypress Health Region has stabilized, if not increased, recently.

Covered Population refers to those individuals who are eligible for provincial health insurance benefits. Exceptions from the covered population are those who are members of the Canadian Armed Forces, members of the Royal Canadian Mounted Police, inmates of federal prisons, and those that do not meet the residency requirement.



Source: Health Information Solutions Center, Saskatchewan Ministry of Health, Covered Population 2004-2009

Largest Communities

The percentage of the covered population living in centres larger than 500 residents was 26,353, or 60.7% of the population. The percentage of the population living in centers smaller than 500 residents is 39.3%. This data displays the significant challenges that the Cypress Health Region faces because of its geographical location.

Approximately 38% of the region's population is located in the community of Swift Current. Swift Current is located on the Trans-Canada Highway between Regina and Medicine Hat. Maple Creek, which is also situated within close proximity of the #1 Highway, is the region's second largest centre.

Cypress Health Region Communities With More than 500 Residents (2009)	
Name	**Population**
Swift Current	16322
Maple Creek	2793
Shaunavon	1989
Gull Lake	1222
Leader	938
Herbert	806
Eastend	614
Ponteix	589
Cabri	577
Frontier	503
Total	26353

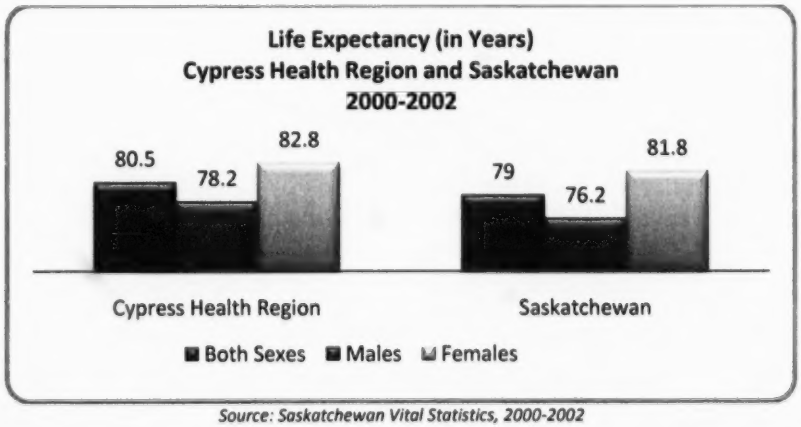
Source: Health Information Solutions Center, Saskatchewan Ministry of Health, Covered Population, 2009

Health Behaviours and Lifestyle Factors

Life Expectancy

In comparing the life-expectancy of the Cypress Health Region population and the population of Saskatchewan, one can see that the life-expectancy is very similar based on the data available. Females in the Cypress Health Region have the greatest life expectancy at nearly 83 years of age.

Life expectancy is a widely used health indicator because it is related to the socio-economic factors including education and poverty, not simply the functioning of the health care system.

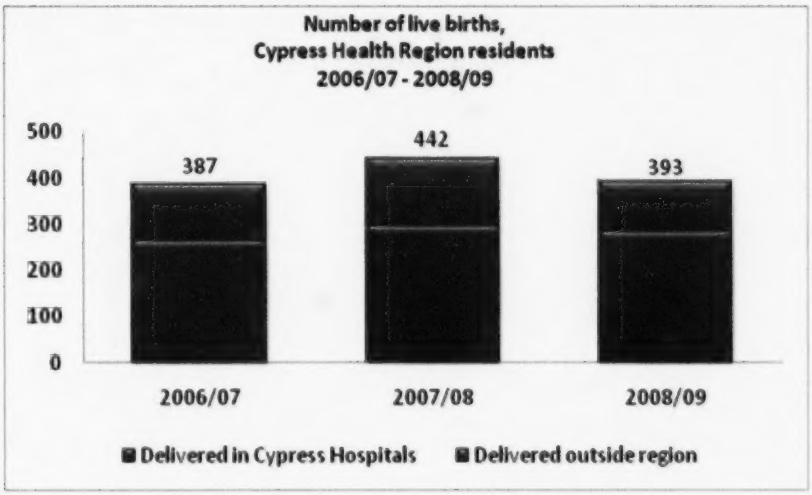


Source: Saskatchewan Vital Statistics, 2000-2002

Births and Pregnancies

Number of Births

The total number of births in the Cypress Health Region in 2008-09 was 393; on average there were 32.75 births per month in 2008-09. The total number of births in Cypress Hospitals in 2008/09 was 286 while another 107 newborns were delivered outside of the region. The total number of babies born outside of the region in 2008-09 decreased by more than 26% from the previous year.



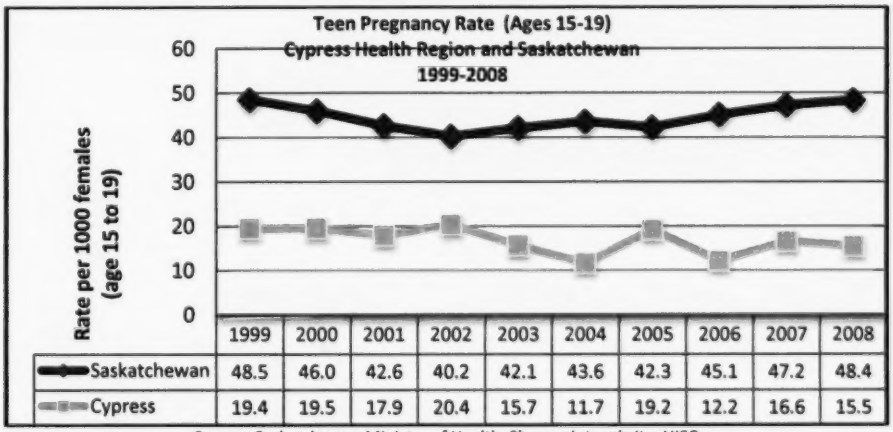
Source: Cypress Regional Hospital, 2010

Teen Pregnancy

Teen mothers may be susceptible to important public health problems such as low birth weight babies, pre-term births, and a higher neonatal and maternal mortality rate. It is important to monitor and examine teen pregnancies for these reasons.

The rate of teen pregnancy in the Cypress Health Region between 1999 and 2008 was consistently lower than the provincial rate for the time period. In 2008, the teen pregnancy rate in the Cypress Health Region was 15.5 per 1,000 females between the ages of 15 and 19, which is well below the overall Saskatchewan rate of 48.4.

While provincial rates appear to be on the rise (starting in 2003), the rate in Cypress has remained stable and is even slightly lower than 10 years ago.



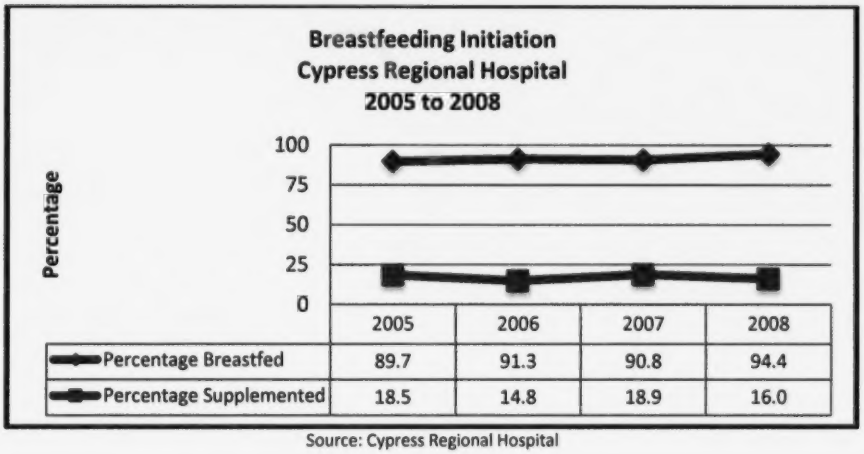
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Saskatchewan	48.5	46.0	42.6	40.2	42.1	43.6	42.3	45.1	47.2	48.4
Cypress	19.4	19.5	17.9	20.4	15.7	11.7	19.2	12.2	16.6	15.5

Source: Saskatchewan Ministry of Health, Sharepoint website, HISC

Breastfeeding

In 2007-08, the percentage of mothers who initiated breastfeeding after delivering in the Cypress Regional Hospital was 97.7%. Nationally, the Canadian percentage was 87.7% and provincially 87.5% of Saskatchewan mothers initiated breastfeeding their last child.

The percentage of mothers who breastfed their infant in hospital at the Cypress Regional Hospital between 2005 and 2008 increased from 89.7% to 94.4% of mothers. The percentage of mothers who used some supplements to feed their babies decreased slightly from 18.5% in 2005 to 16.0% in 2008. The Cypress Health Region's part-time Lactation Consultant has played a pivotal role in natural breastfeeding promotion and is likely the leading contributor to the positive changes in this data.



	2005	2006	2007	2008
Percentage Breastfed	89.7	91.3	90.8	94.4
Percentage Supplemented	18.5	14.8	18.9	16.0

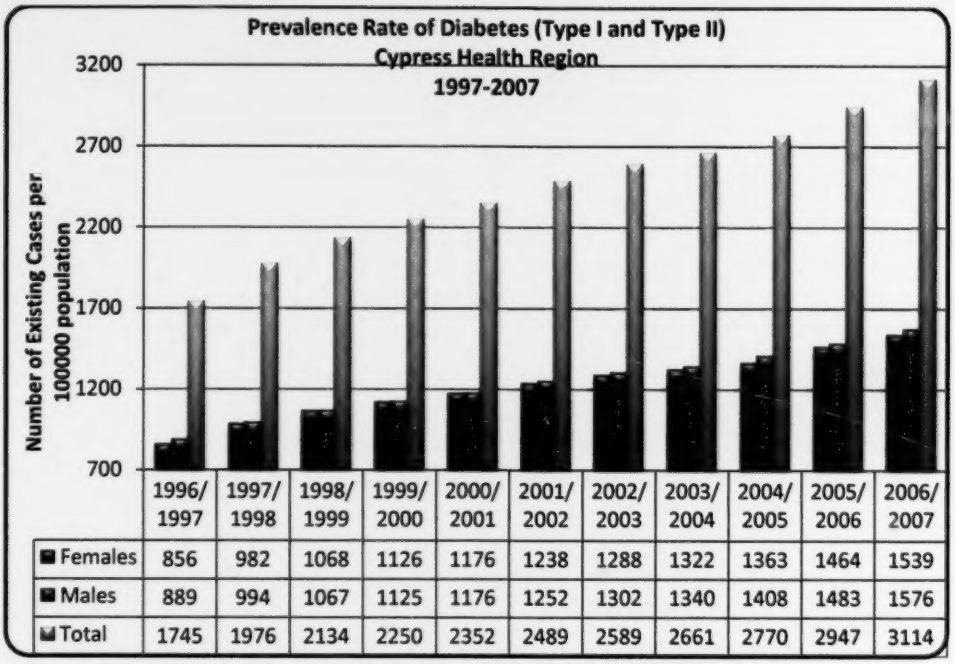
Source: Cypress Regional Hospital

Diabetes

The Canadian Diabetes Association suggests that more than 3 million Canadians live with diabetes, more than 90% of which are Type II diabetics. It is important to examine the prevalence of Diabetes because of its many causes including obesity, heredity, high blood pressure, high cholesterol, and others. Diabetes, as one of the country's most common diseases, remains a high priority for the Cypress Health Region to improve the overall health of the population.

In the Cypress Health Region the prevalence of diabetes in 1996-97 was 1,745 people. This figure has increased to 3,114 people in 2006-07, representing a 78.5% increase in the prevalence of the condition in the region. In Saskatchewan, the prevalence of diabetes increased by 109% between 1996-97 and 2006-07 (Saskatchewan Ministry of Health, 2010).

The prevalence of a disease is the number of current cases of that condition in a population. The incidence rate is the number of new cases of a disease or condition in a given population. As the incidence rate increases, so too does the prevalence rate.



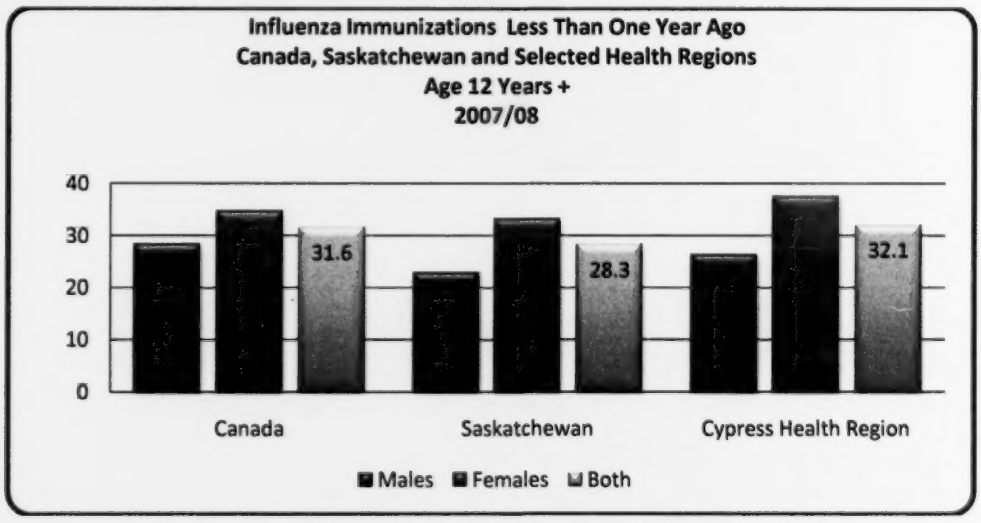
	1996/1997	1997/1998	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
Females	856	982	1068	1126	1176	1238	1288	1322	1363	1464	1539
Males	889	994	1067	1125	1176	1252	1302	1340	1408	1483	1576
Total	1745	1976	2134	2250	2352	2489	2589	2661	2770	2947	3114

Source: Epidemiology and Research Unit, Population Health Branch, Saskatchewan Ministry of Health, 2010

Influenza Immunizations

The emergence of the H1N1 pandemic in 2009 was a major public health event that utilized multi-departmental resources to promote immunizations. An aggressive vaccination plan was developed and deployed by the Cypress Health Region to encourage all persons to receive their H1N1 and Seasonal Flu immunizations to improve the health of the individual.

In all populations examined, females are more likely to be vaccinated against the influenza virus. A greater proportion of the population of the Cypress Health Region stated that they were vaccinated against influenza in the year previous than the province or Canada – 32.1% of Cypress population compared to 28.3% in the province and 31.6% of Canadians.



Source: Statistics Canada, Canadian Community Health Survey, 2007/08 (Combined data)

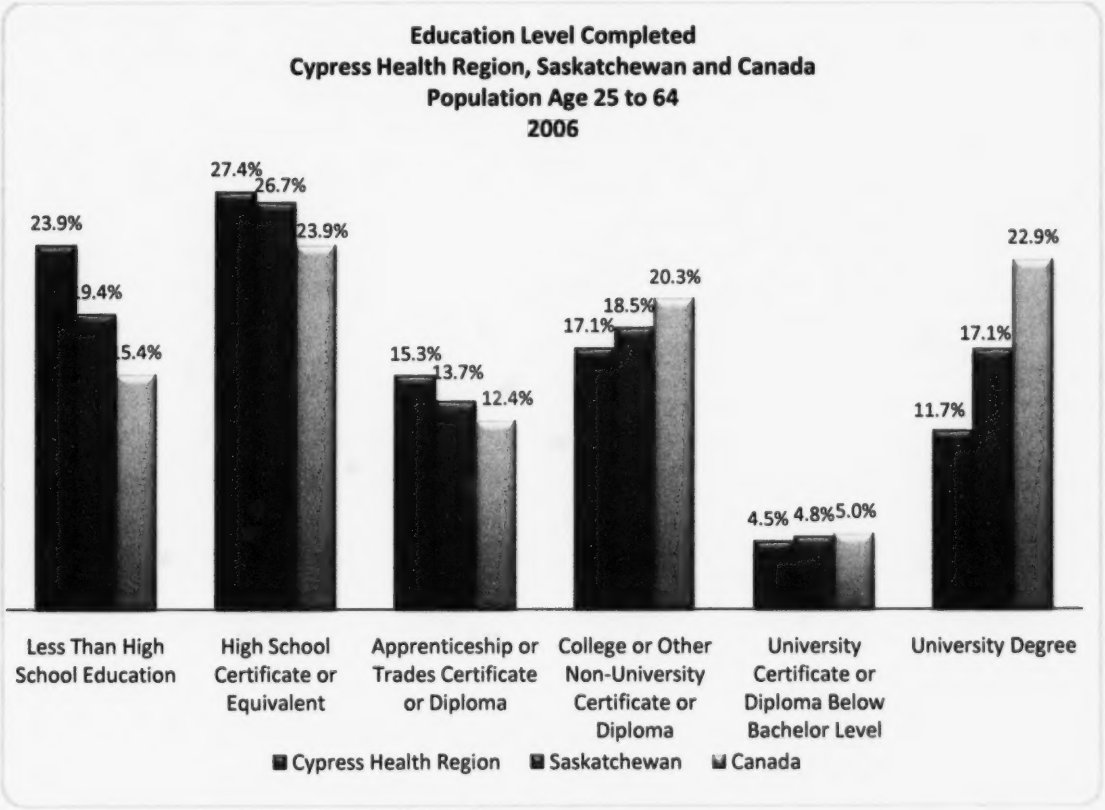
Education

The education level achieved by an individual can have a significant impact on one's health status. A higher level of education can lead to greater employment and mobility opportunities and therefore an increased or more stable income. Completing a high school education can help improve quality of life for young people by providing them with the tools and confidence they need to lead healthier, more productive, and prosperous lives that benefit them as individuals and, in turn, benefit their communities, as stated in *The Chief Public Health Officers Report on the State of Public Health in Canada, 2008*. Education plays a key role in the sustainability of the Saskatchewan health system because of its broad range of health benefits.

In Saskatchewan the majority of adults age 25 to 64 (54.1%) have completed a post-secondary education in 2006. In total, 19.4% of people age 25 to 64 in Saskatchewan had not completed a high school education in 2006.

In the Cypress Health Region, 48.7% of the population age 25 to 64 had completed a post-secondary education in 2006. This is below the provincial average of 54.1%. The percentage of the population in Cypress that had not completed a high school level of education in 2006 was 23.9%; this is higher than the provincial proportion at 19.4% and nationally 15.4% of the population age 25 to 64.

The percentage of individuals with a university degree in the Cypress Health Region (11.7%) is well below the provincial (17.1%) and national (22.9%) level in 2006.



Source: Statistics Canada, 2006 Census

Perceived Health

The definition of health used by the Canadian Community Health Survey includes not only the absence of disease or injury, but also one's physical, mental, and social well-being. While self-rated health is a subjective measure, it has been found to correlate strongly with other more objective measures of health.

In the Cypress Health Region, between 2003 and 2008, over 56% of the population identified to the Canadian Community Health Survey that they had very good or excellent health at the time.

Perceived Health as Very Good or Excellent
Age 12 Years +
Canada, Saskatchewan and Cypress Health Region
2003-2008

	2003	2005	2007/2008
Canada	58.4	60.1	59.3
Saskatchewan	59.2	58.2	55.2
Cypress Health Region	62.9	56.8	56.6

Source: Statistics Canada, Canadian Community Health Survey, 2003/2005/2007/08 (Data for 2007/08 are combined)

Mental Health

Examining a population's perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in perceived health.

The percentage of individuals in the Canadian population who self-identified as having very good or excellent mental health increased slightly from 73.4% in 2003 to 74.6% in 2007-08. In Saskatchewan the proportion decreased slightly from 73.0% in 2003 to 71.9% in 2007-08. Most dramatically, the percentage in Cypress Health Region decreased from a high in 2003 of 75.0% to a low of 68.7% in 2007-08.

Perceived Mental Health as Very Good or Excellent
Canada, Saskatchewan and Cypress Health Region
Age 12 Years +
2003-2008

	2003	2005	2007/2008
Canada	73.4	74.4	74.6
Saskatchewan	73.0	72.2	71.9
Cypress Health Region	75.0	72.5	68.7

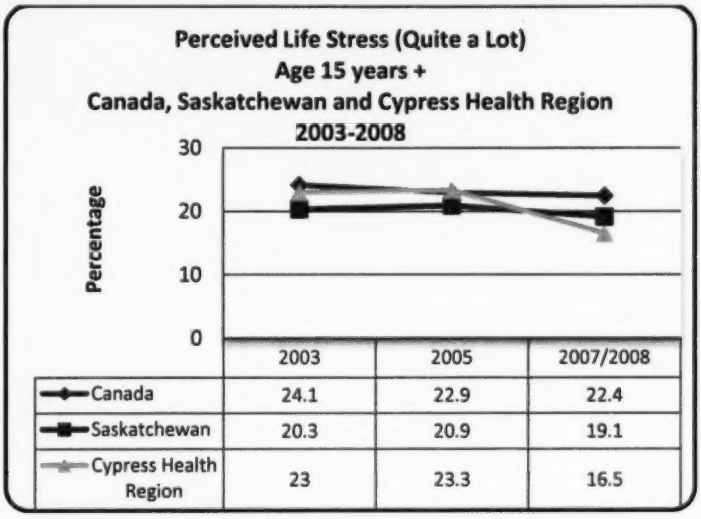
Source: Statistics Canada, Canadian Community Health Survey, 2003/2005/2007/08 (data combined for 07/08)

Stress

Stress has been linked to increased risk for cardiovascular disease, is considered a predisposing factor for depression, and is linked to decreased work performance. As a result, the examination of stress within the health region is crucial.

The amount of high-level perceived stress in the Canadian population has decreased only slightly between the years 2003 and 2008, and was stable in Saskatchewan. The level of reported stress in the Cypress Health Region dropped quite noticeably from 23.0% in 2003 to 16.5% in 2007-08.

Perceived life stress refers to the amount of stress in the person's life, on most days.

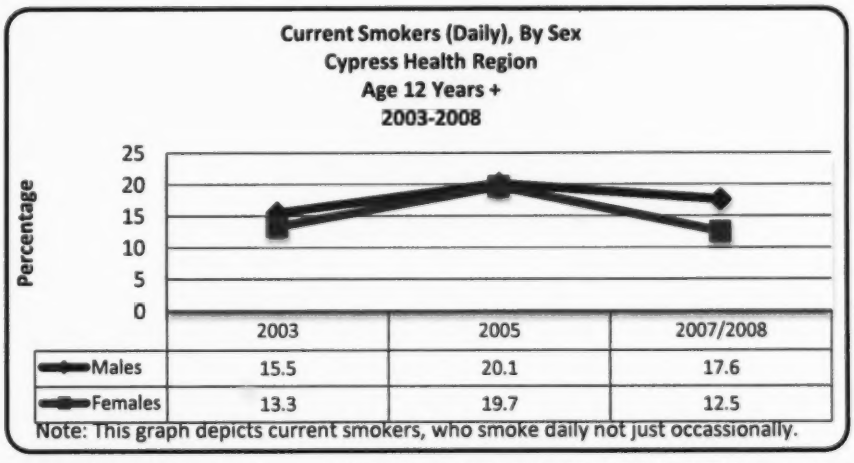


	2003	2005	2007/2008
Canada	24.1	22.9	22.4
Saskatchewan	20.3	20.9	19.1
Cypress Health Region	23	23.3	16.5

Source: Statistics Canada, Canadian Community Health Survey, 2003/2005/2007/08 (Data for 2007/08 are combined)

Smoking

In the Cypress Health Region the percentage of people 12 years and older who smoke daily decreased between 2005 and 2007-08. In 2007-08, data suggests that 17.6% of males in the Cypress Health Region self-reported to the Canadian Community Health Survey that they smoke daily. By comparison, only 12.5% of females 12 years and older in the Cypress Health Region reported that they smoked daily in 2007-08.



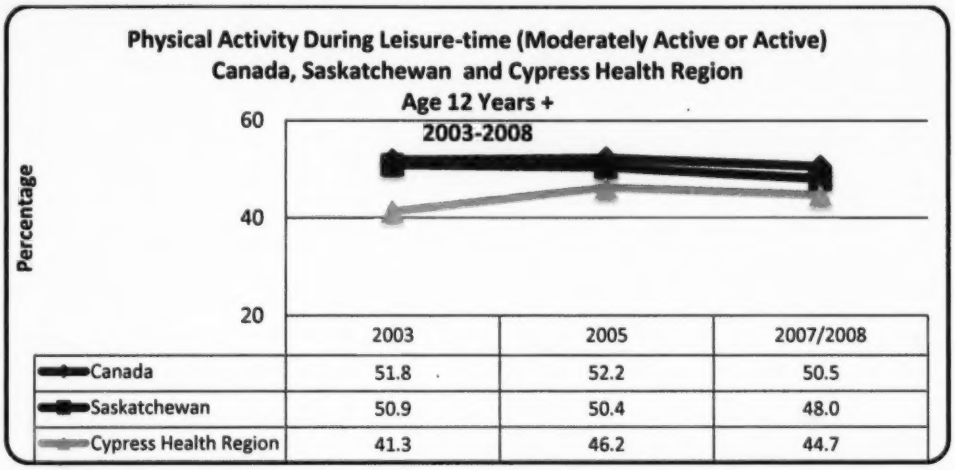
	2003	2005	2007/2008
Males	15.5	20.1	17.6
Females	13.3	19.7	12.5

Note: This graph depicts current smokers, who smoke daily not just occassionally.

Source: Statistics Canada, Canadian Community Health Survey, 2003/2005/2007/08 (Data for 2007/08 are combined)

Physical Activity

In Canada, the percentage of the population that is moderately active or active during leisure-time remained close to 50% between 2003 and 2008. In Saskatchewan, the percentage of the population that is active decreased from 50.9% in 2003 to 48.0% in 2007-08. In the Cypress Health Region, the percentage of active people is below the provincial and national average at only 41.3% in 2003 and increased slightly to 44.7% of the population in 2007-08.



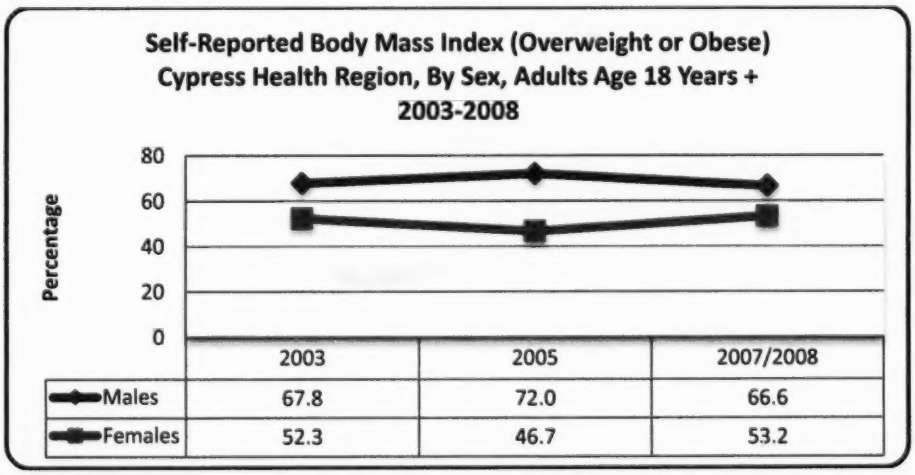
	2003	2005	2007/2008
Canada	51.8	52.2	50.5
Saskatchewan	50.9	50.4	48.0
Cypress Health Region	41.3	46.2	44.7

Source: Statistics Canada, Canadian Community Health Survey, 2003/2005/2007/08 (Data from 2007/08 are combined)

Obesity

In comparing males and females in the Cypress Health Region in regards to Body Mass Index (BMI), the percentage of females that are overweight or obese is less than males. In 2003, 52.3% of females were overweight or obese, whereas 67.8% of males in Cypress were. In 2007-08, the percentage of overweight or obese males dropped to 66.6% and females stayed somewhat the same as 2003 at 53.2%.

Body Mass Index (BMI) is a common measure used to determine if an individual is within a healthy weight range. It takes into consideration one's height and weight. A normal weight poses the least health risks. Underweight and overweight individuals have increased health risks. BMI is calculated by dividing the respondent's body weight (in kilograms) by their height (in meters) squared.



	2003	2005	2007/2008
Males	67.8	72.0	66.6
Females	52.3	46.7	53.2

Source: Statistics Canada, Canadian Community Health Survey, 2003/2005/2007/08 (Data from 2007/08 are combined)

Emerging Health Issues

Emerging health threats can happen at any location within the health region, the province, nationally, or internationally. In conjunction with the Ministry of Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

- **Infection Control Protocols** – the presence of viruses and other illnesses in our facilities and throughout southwestern Saskatchewan have had a major impact on the health region. The region's expanded general orientation program has a greater emphasis on the necessities for proper infection control measures to be practiced and what to do when faced with an infection control issue.

- **Influenza and H1N1 Planning** – the international presence of the H1N1 Influenza Virus created a major planning challenge for health authorities on every level of the industry. A great deal of planning was completed between international, national, provincial, and regional health care counterparts. The presence of this potential pandemic influenza strain creates additional emphasis on immunizations, access to them, and public health human resources. Some of the key challenges in the future will be relating issues such as anti-viral stockpiling, development of efficient processes in maintaining appropriate inventory levels, production of vaccine, and maintaining staff education levels of personal protective equipment and fit testing.

- **West Nile Virus** – although the past several years have seen a smaller incidence of West Nile cases, the wet spring of 2010 is leading many to believe that the 2010 West Nile campaign may be more significant. Public Health officials and physicians remain alert to the potential dangers of the West Nile Virus.

- **Chronic Disease Management** – the ever-increasing incidence of diabetes and cardiac concerns has caught the attention of health authorities across the province and the nation. The Health Quality Council and *Safer Healthcare Now!* offer opportunities to address the concerns created by chronic diseases and the management of them.

External Environment Factors

The continual depopulation of our rural areas, especially amongst our younger to middle-aged population groups, is a troubling trend in light of the ever-increasing shortage of health care professionals in rural areas. This factor may lead to further challenges when attempting to recruit new or recent graduates to practice in rural (and remote) areas.

Recent revisions to the guidelines surrounding the recruitment of internationally trained medical graduates (IMG) by the College of Physicians & Surgeons of Saskatchewan is a factor being faced by communities throughout the health region. Community leaders and residents are becoming frustrated by the ongoing struggles to maintain medical services in their communities, and by the ongoing trend of instability of their medical provider team.

If the trending shortages for health care professionals continue in the rural areas, consideration of alternate care delivery processes may have to be brought to the forefront of discussion. Several of the region's facilities are facing barriers to maintaining a 24-hour service in lieu of decreasing registered nursing coverage or availability of general practitioner on-call services.

The *Patient First Review* process and the release of the final report has emphasized the need for health regions to re-focus all of the strategies towards 'putting the patient first'. The many recommendations included within the report has helped the Ministry of Health and the health regions to reshape their strategic initiatives. With this in mind, Cypress Health has a new strategic direction that will shape their decision-making processes over the 2010-2013 timeline, and it aligns itself with the Ministry's direction for the future.

Due to the health care industry's past experience with a high prevalence of health care worker injuries and incidents, the 'safety' trend will need to be maintained at a high priority level as we continue to develop strategies for a safer workplace environment.

The Ministry of Health is expecting regional health authorities to address a series of key performance areas of which quality, safety, attendance management, and reducing waitlists are among the key ingredients. In order to achieve the objectives that have been determined, it will require a further commitment to relationship building, customer engagement, customer service, and creating a sense of urgency among the entire Cypress Health team.

The Cypress Health Region is supportive of the strategic directions of the Ministry of Health. In consideration of this support, the Regional Health Authority developed a series of strategic statements that reflect the provincial approach to continuous improvement and our commitment to health care quality for the people of southwestern Saskatchewan.

The *Regional Health Services Act* defines the relationship between the Cypress Health Region, the Minister of Health, and the Ministry of Health. In conjunction with the Ministry of Health, a series of expectations and performance targets have been determined for each Regional Health Authority. The Ministry and the RHAs discuss and establish clear responsibilities in coordinating health care services within each health region and the province as a whole. Based on these expectations and responsibilities, a series of performance management indicators have been established to provide an evaluation tool to determine if expectations have been met.

PILLAR: HEALTH OF THE INDIVIDUAL

Key Action – Customer Engagement and Satisfaction

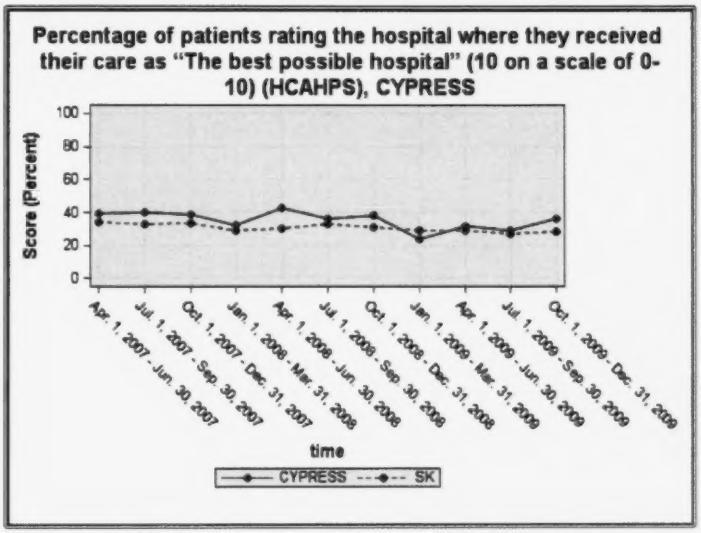
A 'Customer Engagement & Service Expectations Plan' (dated December 31, 2009) was developed and submitted to the Ministry of Health in January 2010. This plan was developed in response to the Ministry's accountability document and also provided an opportunity for the region to review and respond to the Patient First Review. The strategies included within will also further the region's desire to engage its customers in the continuous improvement of the health service experience.

Existing provincial and regional sources of customer expectations feedback include the Patient First Review, Community Leadership Network consultations, 'What Do Patients Want in Health Care? A Report for the Cypress Health Region' (Laurence Thompson Strategic Consulting), Health Quality Council's Acute Care Patient Experience Survey, long term care and home care client satisfaction survey, other program-specific surveys/feedback mechanisms, client concern handling system, senior management 'walk-abouts', and patient representation on quality/patient safety committees.

WHMIS TRAINING, GENERAL ORIENTATION

By continuously seeking the customer voice, the region will be able to improve staff training and develop an intimate understanding of the customer experience. Additional potential opportunities for future customer engagement include face to face interviews, issue-specific focus groups, bedside reports, discharge phone calls, communication boards, storytelling, customer journey mapping/shadowing, and the use of social media options. During 2010-11, each of the region's department/program/service area will employ a minimum of one method to engage its customers and review their experience with the local health system. This information will be used to drive the region's quality improvement efforts in future years.

Upon discharge, hospital customers/patients receive a patient satisfaction survey. This survey is coordinated by the Health Quality Council and although their current survey does not collect data on the percentage of patients rating services as 'excellent or exceptional', they do collect data on the percentage of patients rating the hospital where they received their care as '*The Best Possible Hospital*' (a ranking of 10 on a scale of 0-10). The chart below shows the ranking for Cypress Health's community hospitals (Herbert, Leader, Maple Creek, Shaunavon) and regional hospital (Cypress Regional in Swift Current). When compared to the provincial averages, Cypress Health's satisfaction levels are slightly above the average over the past years.


Percentage of patients rating the hospital where they received their care as "The best possible hospital" (10 on a scale of 0-10) (HCAHPS), CYPRESS
Score (Percent)
100
80
60
40
20
0
Apr. 1, 2007 - Jun. 30, 2007
Jul. 1, 2007 - Sep. 30, 2007
Oct. 1, 2007 - Dec. 31, 2007
Jan. 1, 2008 - Mar. 31, 2008
Apr. 1, 2008 - Jun. 30, 2008
Jul. 1, 2008 - Sep. 30, 2008
Oct. 1, 2008 - Dec. 31, 2008
Jan. 1, 2009 - Mar. 31, 2009
Apr. 1, 2009 - Jun. 30, 2009
Jul. 1, 2009 - Sep. 30, 2009
Oct. 1, 2009 - Dec. 31, 2009
time
CYPRESS
SK

Source: HQC Patient Satisfaction Survey

Key Action – Customer Service Delivery Expectations

The above-noted 'Customer Engagement & Service Expectations Plan' (dated December 31, 2009) also summarizes the strategies in place and planned to increase the staff's awareness of the important role that they play in providing a high level of customer service in their day-to-day activities.

Customer service training is not new to the Cypress Health Region – formally, this training has been part of the region's enhanced orientation since its inception in November 2008. All new employees must go through an extensive general orientation before they can begin their duties – a general summary of the operations and initial mandatory education [ex. Workplace Hazardous Materials Information System (WHMIS), Transfer/Lift/Repositioning (TLR), Health Information Protection Act (HIPA), etc.], department-specific orientation, and customer service training. Over 230 new employees have received customer service training since November 2008. New hires have expressed their pleasure with the education, with some comments received that they had not been taught that aspect of business before, and had not considered customer service to be a part of health care.

In addition, a small number of existing employees have seized initial opportunities (ie. by attending general orientation sessions, self-learn module, etc.) to access the training. As of March 31, 2010 a total of 13% of Cypress Health staff have received the formal customer service expectation training.

The next phase in the delivery of Customer Service training is to create an appropriate mix of forums and methods to reach the region's existing staff and physicians. The strategies being considered include approaches such as a self-learn brochure that will be available on our intranet/public folders and distributed to all staff, facilitated sessions (ex. staff meetings, videoconferencing, DVD assistance, etc.), and participation in new hire general orientation sessions. This variety of strategies will allow the region to attain the Ministry target of 100% of existing Cypress Health staff receiving customer service expectations training by March 31, 2011.

MANAGEMENT COMPETENCY COURSE

Key Action – Achieve Targets for Surgery

In conjunction with the Ministry of Health and other RHAs, Cypress Health is continuing to explore strategies to improve the efficiency, appropriateness, and effectiveness of processes involved in the delivery of surgical and diagnostic imaging procedures. As per the recommendations of the Patient First Review, surgical waitlists will be better managed with better access to care across the provincial continuum.

NEW X-RAY EQUIPMENT LEADER HOSPITAL

The ability to consistently provide timely access to diagnostic and surgical services to the residents of southwestern Saskatchewan is an achievement the Cypress Health Region is proud of. The region regularly meets or exceeds the targets set by the Ministry of Health, and in fact demonstrates unused capacity, particularly in wait times for surgical and diagnostic procedures, consistently achieving shorter wait times than many other regional hospitals.

Cypress Health Region

Surgery Performed as a Percentage of Target and Variance from Target

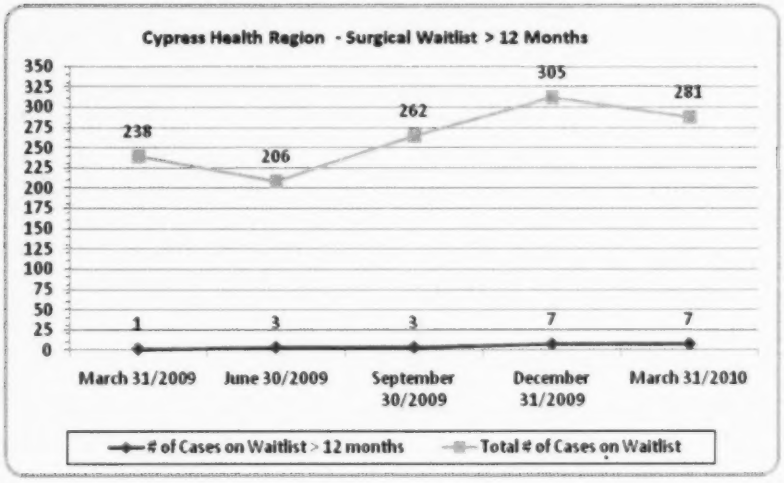
	2009/10	2008/09	2007/08	2006/07	2005/06
Actual Number of Surgeries	1975	1789	2130	2208	1884
Target Number of Surgeries	2100	2100	2100	1850	1750
Actual as Percentage of Target	94.0%	85.2%	101.4%	119.4%	107.7%
Variance of Actual from Target	<125>	<311>	30	358	134

Source: Saskatchewan Surgical Care Network (SSCN); Surgical Patient Registry data mart (Saskatchewan Health)
Data Provided By: Acute and Emergency Services Branch (AESB), Saskatchewan Health

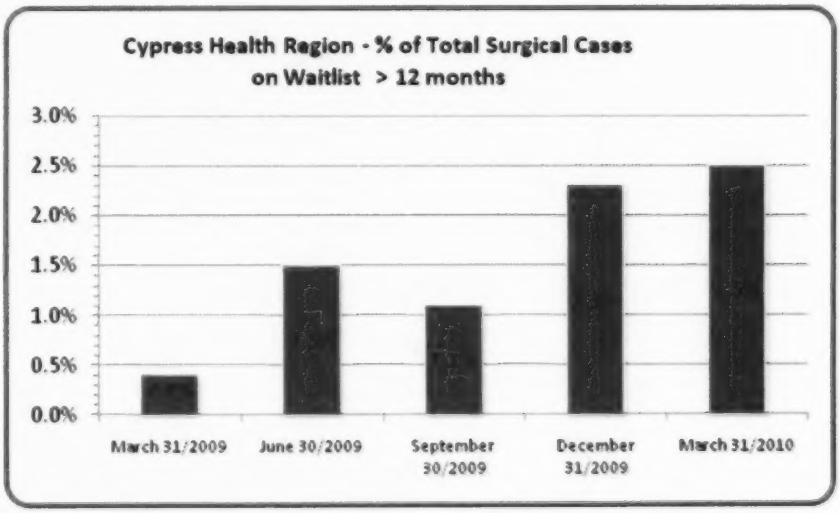
The chart on page 31 refers to the surgical volumes and the targets that have been set by the Ministry of Health. The statistics display an overall increase of nearly 200 surgeries from the 2008-09 fiscal year, and a variance of 125 actual surgical cases completed versus the target number of cases (an achievement level of 94%) during 2009-10. The region only had one permanent general surgeon for the majority of the year.

The surgical program has the capacity and budget to have other on-site surgeons utilize more available surgical theatre time. However, many of them are not facing wait lists to fill their regular elective days. Of note, there is obstetrics/gynaecology and urology specialty capacity in the theatres but the current patient demand does not exceed the specialists capacity – either due to patient preference to seek other providers or family physician preference. This unused capacity and referral patterns are being investigated to enhance this opportunity for access to care.

In relation to the Cypress Health experience with surgical waitlist, the chart below summarizes the recent status of the surgical program at the Cypress Regional Hospital. The statistics display a very small percentage of surgical cases throughout the year (ranging from 2-8 clients on a monthly basis during the 2009-10 fiscal year) who have been waiting for their surgical procedure for more than 12 months. This equates to a miniscule percentage ranging from 0.9% to 2.5% of the region's total surgical waitlist (based on a monthly analysis).



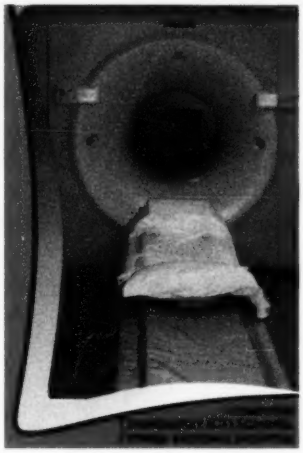
Source: Acute & Emergency Branch (AESB), Saskatchewan Health



Source: Acute & Emergency Branch (AESB), Saskatchewan Health

Upon investigation of these very few number of cases, the delays in accessing surgical procedures are attributed to the specific patient choice – previous surgeries were cancelled/postponed by the patient, patient chose a later surgical date than was initially offered as available, and revising the choice of surgeons (which creates a scenario where the entire booking process is repeated due to the pre-screening and booking process for new surgeon chosen). Specific surgeries that are seeing a consistent growing waitlist include tonsillectomies and ear tubes. The current visiting ENT specialist surgeon only utilizes eight hours of surgical time per month, which cannot be increased due to other commitments in his home clinic in another health region. As well, increasing the numbers of cataract surgeries that can be completed would require an additional funding commitment.

Cypress Health is confident that the surgical waitlist over 12 months is not due to the surgeons' waitlist. All of the surgeries performed in the 2009-10 fiscal year have been within the targeted time according to the surgeons' scoring tool for each patient.



As has been the trend over the past number of years, Cypress Health's medical imaging services have seen success. The health region performed computerized tomography (CT) examinations on a total of 3,778 patients, which was an increase of 339 over the previous year. A total of 4,608 examinations were completed which equates to 1.22 exams per patient – an indicator that the technicians and radiologists are providing appropriate quality CT services. Although additional patients were provided CT services, the total number of examinations decreased by 23 from the previous year – indication of sound utilization of the service and less duplication per client.

CYPRESS HEALTH REGION

Number of Patients as a Percentage of Agreed on Target for CT Services

Year	*Patients*			*Exams*		
	Actual Number	Target Number	Actual as Percentage of Target	Actual Number	Target Number	Actual as Percentage of Target
2009/10	3778	3124	121.0%	4608	4042	114.0%
2008/09	3439	3125	110.0%	4065	4429	91.8%
2007/08	3190	2520	126.6%	4015	3880	103.5%
2006/07	2789	2520	110.7%	4117	3880	106.1%
2005/06	2532	2476	102.3%	3672	3810	96.4%

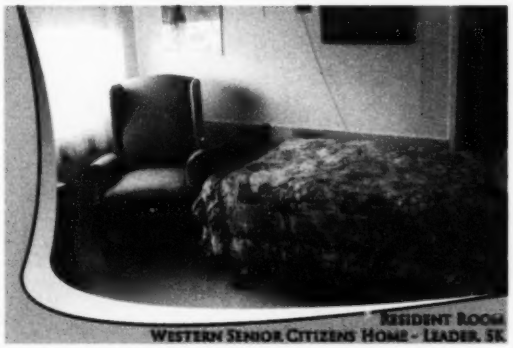
Source: Summarized data from managers in individual Regional Health Authorities
Data Provided By: Acute and Emergency Services Branch (AESB), Saskatchewan Health

The region looks forward to working with the Ministry of Health and its new surgical initiatives stemming from the Patient First Review recommendations to enhance access to surgeries for all people in the province. Discussions have been held with Ministry representatives in relation to the available operating room time that could be utilized for other surgeons coming in with long waitlists in their health regions or by physicians/surgeons from other regions that could make referrals into Cypress Health's shorter waitlists.

Key Action – Shared Decision Making Framework (Surgical Procedures)

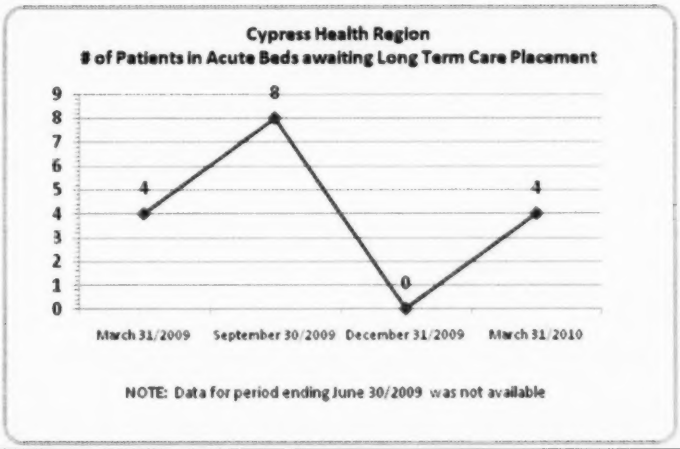
Cypress Health continues to work with the Ministry of Health and other RHAs in the southern half of the province to identify and develop a collaborative shared decision making framework and 'southern future state map'. These protocols will assist in increasing awareness and engaging patients in decisions about elective surgery procedures (i.e. involving surgeries for hip and knee, spine and prostate). The effective implementation of this framework will assist in the achievement of lower utilization of some elective surgeries, which in turn will reduce the overall surgical waitlist across the province.

Key Action – Discontinue Placement of Long Term Care Patients in Acute


Resident Room
Western Senior Citizens Home - Leader, SK

In attempting to emphasize 'the right service, in the right place, at the right time' standard of access to care, Cypress Health is developing a plan to minimize and eventually discontinue the placement of clients in need of long term care in an acute bed for any duration of time. The region currently utilizes a variety of program beds (observation, palliative, respite) and emergency response beds throughout the communities' facilities which assist in transferring a client requiring long term care from an acute facility. The region has developed protocol whereby clients in the province's tertiary facilities can be directly transferred to Cypress Health's long term care facilities if their health status has been determined to be medically stable. In addition to a well-established discharge care planning process in conjunction with home care programming, a targeted registered nursing staff member provides bed management coordination for the region, and this position actively participates in the daily transfer and movement of clients throughout the region's facilities, as the clients' care needs require.

The chart below summarizes the number of clients requiring a long term care bed who were in an acute care bed over the fiscal year. Although the statistics display a fluctuation ranging from 0-8 clients, further investigation into the low number of cases reflects that the client count reflects a 'specific point in time' analysis, and many of these individual clients were facing situations where they were already 'targeted' a transfer to a specific long term care facility but where the families were unable to transfer them prior to that 'specific point of time' (ie. June 30th, September 30th, etc.).



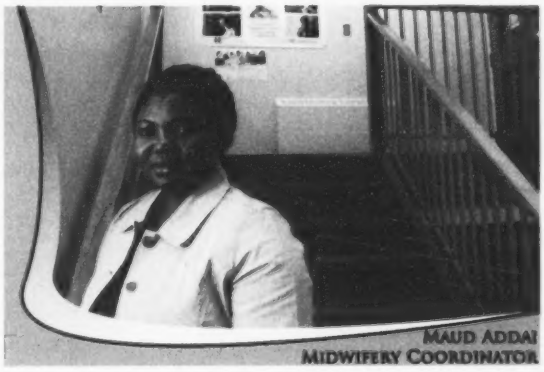
Source: Community Care Branch, Saskatchewan Health

Cypress Health continues to be proud of the minimal amount of waiting time for the placement of long term care clients in our facilities. In past years, the average wait time was less than 20 days and although it now is slightly over 30 days, there are a variety of factors that tend to 'skew' the results due to specific client refusals to accept the first available bed offered to them. The region looks forward to the future development of this key action performance measure, as future years' measures will report on the percentage of acute beds that are maintaining a client that is designated as requiring long term care services.

Pillar: Health of the Individual

Results at a Glance

- Long Term Care resident/family survey – annual survey completed for quality improvement purposes; high satisfaction level indicated with communication, care provided, food quality, and level of activities
- Surgical safety checklist – registered with World Health Organization in September 2009; all specialties using draft format of checklist since February 2010
- Planning for implementation of Surgical Information System – June 2010
- Addition of 2nd radiologist – tremendous assistance with the medical imaging interpretation demands; allows for implementation of Stroke Protocol
- Regional Wound Care program – best practices initiatives in home care and long term care; planning to implement in acute care settings in fall 2010
- Digital mammography – installed June 2009
- Midwifery program – project coordinator began in March 2009 and established guidelines, processes, and protocols to implement this service in 2010.
- In-house neo-natal resuscitation program established at the Regional Hospital's Women & Children's department – staff training provided to assist.


MAUD ADDAI
MIDWIFERY COORDINATOR

- Radiology review – a total of 227 x-ray examinations (169 clients) were re-evaluated by a second radiologist during June/July 2009 following a College of Physicians and Surgeons competency review of an out-of-region radiologist who provided locum services.
- Live Well with Chronic Conditions – educational programming offered by members of Primary Health Care and Regional Educator team and other team members
- Regional Hospital Dialysis Unit has no waitlist as of March 31, 2010

- Customer Service desk developed at the Cypress Regional Hospital – initiated in the summer 2009; nearly 450 customers sought assistance during the month of August, over 90 hours of volunteer time provided at the desk.

- Temporary Disruption of Services – Cypress Health implemented a total of 61 temporary disruptions during the 2009-10 due to the unavailability of Registered Nursing (RN) and/or Physician On-Call Services. Of note the Shaunavon Hospital had a 37 day disruption in December 2009, and the Maple Creek Hospital witnessed a 10 day disruption in December 2009/January 2010.

PILLAR: PROVIDERS

Key Action – Implementation of 'Releasing Time to Care'

The *Releasing Time to Care™* (RTC) initiative is a program developed in the United Kingdom by the National Health Service Institute for Innovation and Improvement. It is a patient-centered approach to improving the quality of care. With financial assistance from the Ministry of Health and program coordination/facilitation from the Health Quality Council, the Cypress Regional Hospital's (Swift Current) medical/surgical staff began their RTC journey in September 2009. All of the medical/surgical department's 48 acute care beds and associated staff members are participating in the initiative.

Since the journey began, the staff have implemented three foundational modules – 'Knowing How We Are Doing', 'Well Organized Ward', and 'Patient Status at a Glance.' Some of the early successes of the RTC program include:

- Focus on 'falls' prevention – prior to implementation, the unit averaged 13 falls per month. Following the initiation of several fall prevention concepts (use of 2 side rails versus 4, moving the Transfers/Lifts/Repositioning logo to head of bed, implementing TLR audits, posting falls data on communication board for staff and public to see, monthly review of incident forms, placement of high risk clients in 'alarm' beds) the team met their goal of realizing less than 10 falls per month for the past three months.
    - After determining that 70% of falls occur at night, with significant peaks at certain hours of the night, the development of a 'Night-time Bathroom Assistance' program for high risk clients was implemented. The variety of elements of this program will be fully implemented by May 2010.
- Focus on increasing direct care time – an August 2009 'activity follow' displayed that an RN spent 27% of their shift in direct care activities with patients. A second survey was completed in March 2010, and showed the RN's direct care time to be 39%, a substantial increase of 12% over only six months. Over the course of a full year, this small step will offer an additional 234 hours of direct care time spent with patients – as RTC continues to offer even more efficiency, this statistic is bound to increase even higher.
- '5 S' process (Sort, Set, Shine, Standardize, Sustain) has been completed in several areas and has already addressed a number of areas of concern.
- Safety concerns have been addressed (oxygen tanks, crash cart location, and patient lift access to staff) – the team has saved an estimated 800 kilometres of walking over the course of a year, simply by relocating patient lifts on the wards.
- Improved communication between staff, patients, and families – redesign of patient whiteboards

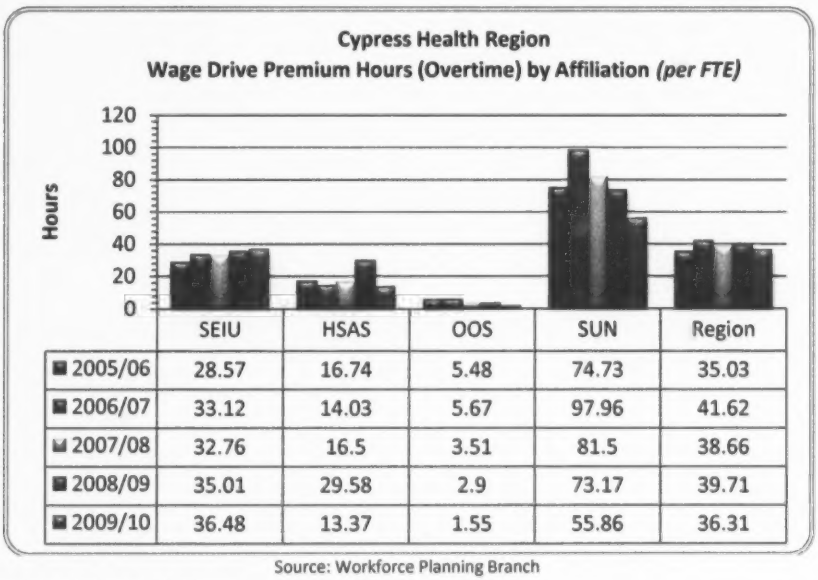
The Cypress Regional Hospital RTC team will be implementing its first process module ('Meals') in May 2010. The RTC concepts are planned to be implemented in the Regional Hospital's Women & Children's Ward in the fall of 2010.

Key Action – Reduce Absenteeism

Cypress Health is working together with its employees, unions, and physicians to develop strategies in dealing with the costs (both financially and personally) of absenteeism. Positive results that lead to reducing the incidence of absenteeism will help the region in attaining the key Ministry strategy of establishing the health sector as a workplace that is effective at retaining and recruiting workers.

Overtime and Other Premium Hours

During 2009-10, every Cypress Health employee affiliation group reduced their numbers of premium hours in comparison to the 2008-09 year, with the exception of a minor increase in the SEIU affiliation. Every group is substantially lower than the provincial average, with the overall Cypress average of 36.31 hours per full time equivalent coming in at 38% lower than the overall provincial average of 50.07 hours per FTE.

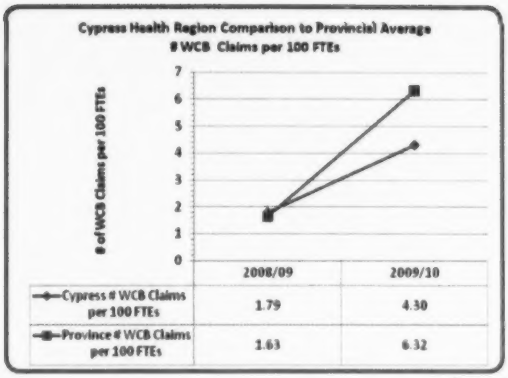


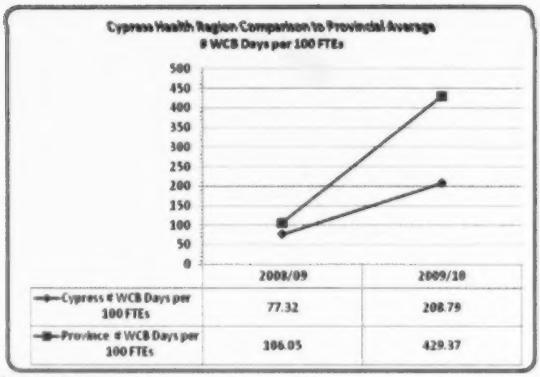
	SEIU	HSAS	OOS	SUN	Region
2005/06	28.57	16.74	5.48	74.73	35.03
2006/07	33.12	14.03	5.67	97.96	41.62
2007/08	32.76	16.5	3.51	81.5	38.66
2008/09	35.01	29.58	2.9	73.17	39.71
2009/10	36.48	13.37	1.55	55.86	36.31

Source: Workforce Planning Branch

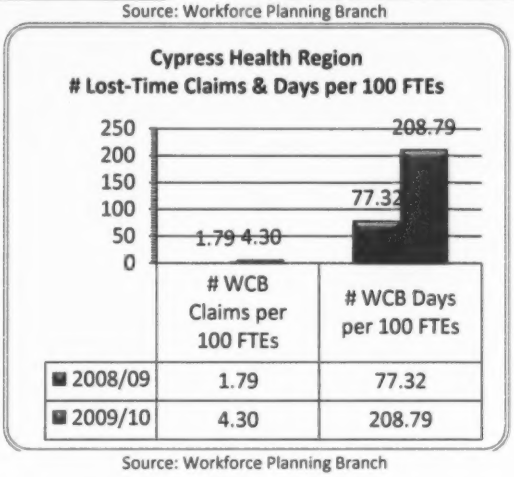
Workers Compensation Claims

Although the region witnessed an increase in the number of WCB lost-time claims and days lost per 100 full time equivalents when comparing 2009-10 to 2008-09, Cypress Health continues to have one of the strongest statistical standings among provincial regional health authorities. Cypress' number of WCB claims is the lowest among non-northern provincial RHAs and is 32% lower than the provincial average. When the analysis is completed on the number of WCB days per 100 FTEs, Cypress Health stands as the lowest among non-northern RHAs, with a 51% better-than record than the provincial average. Key safety initiatives include Transfer/Lift/Repositioning, Professional Assault Response Training, use of personal protective equipment, and safety lift purchase/emphasis. A number of Cypress Health physiotherapists are now accredited to provide primary level treatment for WCB injuries. The ability management program has adopted the *Mission: Zero* target and next day return to work.





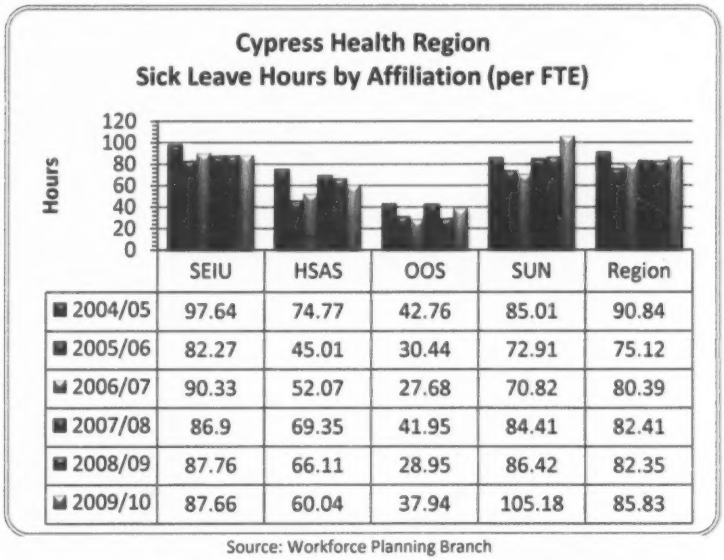
Source: Workforce Planning Branch



Source: Workforce Planning Branch

Sick Leave

With the exception of the Saskatchewan Union of Nurses (SUN), the Cypress Health Region's employee provider affiliations are below the provincial average in the number of sick leave hours per full time equivalent. In comparison to the 2008-09 fiscal year, the out of scope (OOS) and SUN employee groups saw increases in numbers of sick leave hours per paid FTE by nine hours and nearly 19 hours, respectively.



	SEIU	HSAS	OOS	SUN	Region
2004/05	97.64	74.77	42.76	85.01	90.84
2005/06	82.27	45.01	30.44	72.91	75.12
2006/07	90.33	52.07	27.68	70.82	80.39
2007/08	86.9	69.35	41.95	84.41	82.41
2008/09	87.76	66.11	28.95	86.42	82.35
2009/10	87.66	60.04	37.94	105.18	85.83

Source: Workforce Planning Branch

Key Action – Achieve Saskatchewan Union of Nurses (SUN) Partnership Targets

Cypress Health has made a strong commitment to work with the Saskatchewan Union of Nurses and the Ministry of Health on filling vacant SUN nursing positions and increasing the total number of SUN FTEs in the region's programs. To this end, a Joint SUN/Cypress Health Retention and Recruitment Committee has been established to provide a formal process where nursing managers and front line nursing staff meet on a regular basis to jointly problem solve, develop and agree on recruitment/retention initiatives, and consider patient safety/quality of care indicators when designing such initiatives.

Cypress Health was the first region to have an approved Provincial SUN Partnership Retention Proposal.

The Committee identified education as a top priority. In addition to strategy development on education-related priorities (Canadian Nurses Protective Society workshop availability on documentation and accountability, and computer training), the Joint Committee's partnership efforts have resulted in a number of new SUN positions being created, including RN (NP)s in primary health care sites, medical/surgical RNs, MDS Coordinator, Clinical Development Coordinator, OH&S Nurse, Regional Staff Development Educators, RN Floats, Grad Nurse orientation/mentorship, critical care RNs, and RN duty to accommodate.

Cypress Health is one of only five provincial health regions to have met their initial SUN partnership targets during 2009-10. As of March 31, 2010 the region has 220.73 full-time equivalents of straight time SUN staffing – this is calculated on straight time hours. The Ministry of Health's target was set at 218.81 straight time FTEs.

PILLAR: PROVIDERS

Results at a Glance

- OH&S program – fit testing program (95% of staff complete November 2009, all new employees fitted in general orientation); job hazard analysis to be completed (180 classifications); asbestos management and asbestos control plan developed
- Voluntary participation in WCB Safety Audit – will assist in determining action plan to target areas that need to be improved and meet objective of being first provincial health region to distance itself from the 'WCB Top 50 List'
- Ability management program – continues to provide assistance in returning staff members back to work on an earlier schedule than anticipated; next day return to work is the target
- Employee health assessments – identify areas of risk to prevent chronic disease and encourage/promote positive lifestyle choices with our staff; received SAHO Green Ribbon Award Honorable Mention

EMPLOYEE HEALTH ASSESSMENTS - GRIP TEST

- Recruitment – 3rd psychiatrist started in July 2009; 2nd radiologist hired in October 2009; physicians (four General Practitioners and three Specialists)

- Achieved 'Best Recruitment Booth' award at the Calgary Career Fair
- Funded by the Ministry of Health, Cypress Health was a prominent inclusion in the Western Canadian Nursing Magazine, which was distributed to all registered nursing graduates in western Canada. Several current nursing staff (experienced and new recruits) participated in the project, with 'story telling' from personal experiences
- Utilization of Ministry of Health targeted funding for professional development and quality workplaces to purchase employee kiosks and video conferencing equipment – focus on communication and education access across all of the region's communities
- Development of Education Bureau – consolidation of education services; 3 year scheduled plan for mandatory education opportunities; education database; general orientation coordination; pooling of education dollars together to gain efficiencies
    - Aboriginal Awareness training – 69% of Cypress Health staff have received the training; Cultural Diversity introduction; in-house facilitator
- Planning, implementation of close to $1 million in lifting equipment including floor lifts and ceiling track lifts

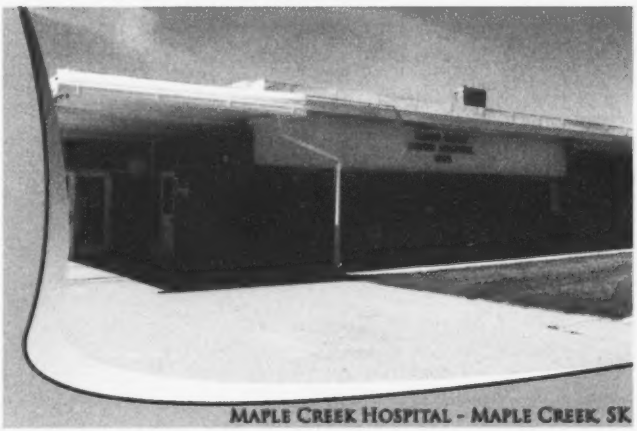
PILLAR: SUSTAINABILITY

Key Action – Status of Capital Improvement Projects

Since the inception of the health region three major capital projects have been identified. Following the 2007 transfer to the new Cypress Regional Hospital in Swift Current, the health region focused on its next highest prioritized capital project advocacy processes – that is, integrated health facilities in Maple Creek and Leader, and the replacement of the long term care facilities in Swift Current.

The last two months of fiscal year 2008-09 saw the past advocacy efforts come to reality, as the provincial government announced that a new integrated health facility in Maple Creek was approved and that the region was able to begin planning on the replacement of long term care programming in Swift Current. During 2009-10, the health region engaged in many discussions and consultations with the local municipal councils and community interest groups, as they continued to plan for the two functional projects.

As of March 31, 2010, the project scope of the Southwest Integrated Health Care Facility in Maple Creek has been agreed to by the Ministry of Health. Among other programs and services, the project scope will include 24 acute beds (10 of which are considered 'program beds') and 48 long term care beds. Plans for 2010-11 include a 'request for proposals' for functional planning, completing functional plan process by June 30th, 'request for proposals' for design and construction with this process completed by January 2011, and anticipated start of construction in early spring 2011.



MAPLE CREEK HOSPITAL - MAPLE CREEK, SK

The proposed replacement of the existing three long term care facilities in Swift Current with a new facility has been met with much planning with community leaders. The proposal has been submitted to the Ministry of Health for their review and consideration. Cypress Health's objective is to receive provincial approval during 2010-11 to move forward to the design phase of the project.

In Leader, the municipal councils and community leaders have had a series of discussions with Cypress Health to discuss the value of an integrated health facility for the community. The local share of the proposed project has been committed to by the area municipal councils. Together with community representatives, Cypress Health officials presented the proposed project to the Ministry of Health in March 2010. The health region and community is hopeful that the proposed project will be considered for approval during the 2010-11 fiscal year.

Similar to other regional health authorities throughout the province, Cypress Health has identified a need to address its capital infrastructure situation throughout the region. The Ministry of Health also identified this situation and commissioned the VFA study in 2007 to determine the infrastructure needs among the health facilities and programs throughout the province.

Cypress Health received a total of $4.2 million in 2008-09 to address a series of life safety/emergency and other infrastructure needs that were identified in the VFA study. Efforts continued throughout 2009-10 to address the projects. During 2010-11, priority items in relation to the replacement of doors and windows with higher energy efficient options, replacement of outdated fire alarm technology in facilities, and the installation/replacement of backup generators will be completed.

CYPRESS HEALTH REGION
Life Safety/Emergency & Infrastructure Funding

FACILITY	PROJECT/REQUIREMENT NAME	ACTUAL COST	STATUS
Border Health Centre, Climax	Sidewalk Repairs	17,322.50	Completed
Border Health Centre, Climax	Domestic Water System	5,955.42	Completed
Border Health Centre, Climax	HVAC system	1,806.13	Completed
Cypress Lodge, Maple Creek	Perimeter Heating Controls	13,875.13	Completed
Cypress Lodge, Maple Creek	Roofing Asphalt Shingles	4,153.41	Completed
Cypress Regional Office, Swift Current	Ventilation Unit	7,679.20	Completed
Cypress Regional Office, Swift Current	Emergency Generator	1,164.35	In progress
Foyer St. Joseph - Ponteix	Hot Water Boilers	13,632.50	Completed
Gull Lake Special Care Centre	Roof Repair	146,111.53	Completed
Gull Lake Special Care Centre	Sanitary Waste System	17,747.87	In progress
Gull Lake Special Care Centre	Domestic Water System	4,937.11	Completed
Gull Lake Special Care Centre	Hot Water Heater	5,992.00	Completed
Gull Lake Special Care Centre	Perimeter Heating	2,690.89	Completed
Gull Lake Special Care Centre	Washroom Fixtures	2,790.39	Completed
Herbert & District Integrated Facility	Hot Water Boilers	6,414.48	Completed
Herbert & District Integrated Facility	Ballast replacement	3,638.16	Completed
Herbert & District Integrated Facility	Hot Water heaters	17,074.86	Completed
Hodgeville Health Centre	Exterior Doors	5,176.25	Completed
Leader Hospital	Perimeter Heating Controls	11,009.57	Completed
Leader Hospital	Roof Repair	9,791.18	Completed
Leader Medical Centre	Leader Medical Centre Sewer Line	32,347.52	Completed
Maple Creek Hospital	Roof Replacement	151,057.00	Completed
Maple Creek Hospital	Steam boilers	1,405.74	Completed
Palliser Regional Care Centre, Swift Current	Utility Sink	4,850.21	Completed
Palliser Regional Care Centre, Swift Current	Utility Sink Floor	3,743.15	Completed
Prairie Health Care Centre, Cabri	Roofing Asphalt Shingles	90,904.51	Completed
Prairie Health Care Centre, Cabri	Weeping tile and sump pumps	9,705.43	In progress
Prairie Health Care Centre, Cabri	Hot Water Heater	5,522.28	Completed
Prairie Health Care Centre, Cabri	Interior Lighting Aged	769.66	Completed
Prairie Pioneers Lodge, Swift Current	Furnace Unit Distribution	19,615.88	In progress
Prairie Pioneers Lodge, Swift Current	Roof repair	21,468.35	In progress
Prairie View Health Centre, Mankota	Roofing Asphalt Shingles	94,972.50	Completed
Prarie View Health Centre, Mankota	Ballast replacement	1,889.84	Completed
Prarie View Health Centre, Mankota	Hot Water Boilers	19,041.02	Completed
Region Wide Facilities	Window Replacement	88,493.17	In progress
Shaunavon Hospital & Care Centre	Roof Replacement	141,098.97	Completed
Shaunavon Hospital & Care Centre	Generator Installation	195,854.69	In progress
Shaunavon Hospital & Care Centre	Sheet vinyl	3,334.49	Completed
Shaunavon Hospital & Care Centre	Domestic Water System	1,863.76	Completed
Shaunavon Hospital & Care Centre	DX condenser	4,911.67	Completed
Swift Current Care Centre	Ventilation Unit	19,989.06	Completed
Swift Current Care Centre	Flooring	8,164.45	In progress
Swift Current Care Centre	Domestic Water System	14,219.10	Completed
Swift Current Care Centre	Perimeter Heating	1,406.54	Completed
Vanguard Health Centre	Utility Sink	3,109.70	Completed
Western Senior Citizen Home	Hot Water heaters	7,863.37	Completed
Wolf Willow Health Centre, Eastend	Sidewalk Replacement	8,443.28	Completed
Wolf Willow Health Centre, Eastend	Cooling Condesor	8,454.02	Completed
Wolf Willow Health Centre, Eastend	Hot Water Heater	5,244.84	Completed

Source: Capital and Regional Services Branch

Major capital projects and capital infrastructure projects have become a reality through the development and enhancement of partnerships with the Ministry of Health, the Dr. Noble Irwin Regional Healthcare Foundation, municipal governments, community service groups, community trust advisory committees, and entire communities. Their commitment and assistance regarding the financing of capital construction and capital infrastructure projects are essential to their success.

Financial Summary

Cypress Health is fully supportive of the need to develop strategies and operational plans that are consistent with public expectations and those across the Ministry of Health and the provincial health continuum. The need to be aware of the financial accountabilities that are determined by the Ministry is a key element to ensuring public accountability and public confidence in the future sustainability of health programs and services.

Cypress Health is very proud of their attention to being "good stewards of the public purse." At a glance, the following highlights of the 2009-10 fiscal year were identified:

- A $1.592 million surplus was recorded in the fiscal year, with a positive working capital of $1.43 million identified in the audited financial statements.
- The region continues to review and enhance an effective management decision-making tool to get information and data from the frontline health providers to Senior Leadership and the Cypress Regional Health Authority in a timely manner.
- Cypress Health continues to establish a capital asset management program to ensure that all assets are accurately presented.
- New budget software for the preparation and monitoring of the operational budget for 2010-11 was implemented.
- Developed and implemented a signing authority policy and procedure that delegates authority to staff for conducting business within the approved budget allocations.

Operating

The year-end results show a $14.8 million operating fund deficit. The region transferred $16.4 million from a restricted capital fund with the approval of the Ministry of Health to offset a $16.4 million reduction in operating funding effectively deferring capital funding to a future year. As a result of the transfer, Cypress Health's final operating position was a $1.592 million surplus. This surplus has strengthened the region's financial position.

Operating revenues totalled $97.4 million, of which provincial funding accounted for 89% of the region's total funding. The other 11% is mainly comprised of long term care fees, out of province fees, and investment income. The large variance between budgeted revenues and actual revenues is the reduction of funding from the Ministry directive of $16.4 million and the recognition of the $3.9 million in retroactive pay for the provider union. Other significant variances include long term care and out of province reciprocal billings.

Operating expenses totalled $112 million, an increase of $9.2 million (8.9%) over the previous year. The increase in operating expenses was due to the recognition of provider union retroactive payments of $3.9 million, SUN collective bargaining agreement, employer paid benefits, and medical remuneration for additional radiologist services and locum coverage.

Capital

Cypress Health acknowledges the Dr. Noble Irwin Regional Healthcare Foundation, the municipalities throughout the region, and all the community groups and individuals that have made possible the significant investments in capital equipment throughout the region.

The region's facilities require major investments to ensure safe patient care can be provided to the region's clients. Detailed information regarding capital infrastructure requirements for the region has been compiled and provided to the Ministry of Health to assist in effectively planning for capital investments in the future.

The Ministry of Health provided the Cypress Health Region with $671,000 to assist with the purchase of capital equipment, safety lifting equipment, and replacement of the EMS communication system. Appropriate funding levels for equipment continue to be a challenge for the region to replace equipment at the end of its useful life. The donations from community groups and individuals are greatly appreciated to help the region in meeting some of its capital equipment needs.

Financial Position

The current year's operational surplus has drastically improved the Cypress Health's financial position. Currently the region has a positive working capital of $1.43 million which allows a certain amount of financial flexibility to react to emergency issues.

Long term debt includes mortgages on long term care facilities throughout the region in the amount of $2.37 million.

PILLAR: SUSTAINABILITY

Results at a Glance

- Enhanced development of the Telehealth network across the health region – additions to the communities of Shaunavon, Maple Creek, Leader, and Swift Current.
- Educational opportunities for EMS staffing – training sessions targeting the Intermediate Care Paramedic (ICP) level began in 2009; scheduled completion in June 2010.
- In conjunction with HIROC, Cypress Health initiated the Risk Management Self Appraisal Modules (RMSAM) program in September 2009 to help identify risk areas that require action strategies. RMSAM will assist in improving patient safety, raise risk awareness, and meet some of the Required Organizational Practises (ROP) required by Accreditation Canada.
- Quality teams are preparing for the October 2010 visit by Accreditation Canada

Canadian Council on Health Services Accreditation
Conseil canadien d'agrément des services de santé
ACCREDITED AGRÉÉ
Cypress Health Region
Saskatchewan
Congratulations on meeting national standards of excellence in quality care and service.
Félicitations pour avoir atteint les normes d'excellence nationales en matière de qualité des soins et des services.
2007 - 2010
ACCREDITATION PLAQUE

PILLAR: HEALTH OF THE POPULATION

Results at a Glance

- Autism Spectrum Disorder Coordination program initiated with targeted funding from the Ministry of Health. Funding provided for the creation of a coordinator position plus one support worker to assist families who are affected by this disorder.
- Programming targeting increased mental wellbeing and providing opportunities to decrease substance abuse and use, and increase physical activity in communities – development of youth committees, 'Drug Task Force Prevention Pillar', drug strategy initiatives in Swift Current and Shaunavon
- Community participation in 'Profiles of Students Life: Attitudes and Behaviour Survey' – 7 communities took part, with follow-up review and focus on developmental assets in their communities.
- First health region in Canada to have Steris service software which allows for off-site diagnostic tests and repairs to maintain Sterile Processing Department (SPD) equipment
- H1N1 – vigorous plan in place to provide immunizations for seasonal and H1N1 influenza
  - 18,450 vaccinations given; 28,400 vaccine doses received from the Ministry; 1,253 number of Cypress staff vaccinated for H1N1; 1,085 Cypress staff vaccinated for seasonal flu; 5,628 number of seasonal influenza vaccines given; 42 clinics held in 15 communities; regional inventory grew from $246,000 to $440,000 to secure supply changes for a pending pandemic

FLU CLINIC - SWIFT CURRENT SK

- Public Health Services – combination of Public Health Nursing and Public Health Inspection programs into one portfolio; success achieved with 96% attainment of annual establishment inspections
- Infection Control – increase of timely reporting which reduces the impact of confirmed and suspected infections and outbreaks; hand hygiene program initiated; self study manual training mandatory for all staff
- Outbreak management – 17 outbreaks in total affecting 738 residents/students and 43 staff; outbreak toolkit developed
- Dietitian/Nutritionist – healthy public policy development, participation in Southwest Food Security Committee, provincial food costing report, diabetes forum
- Dental Health mouth safety presentations, early learning days, fluoride mouth rinse program, pre-school and school prevention kits
- 'Get Fit, Be Fit' program – held in May 2009 in conjunction with the City of Swift Current and the Southwest Recreation Association; event focused on increasing physical activity among youth.

Future Outlook/Emerging Issues

Over the past three fiscal years, the Cypress Regional Health Authority utilized the 2007-2010 Strategic Plan as its formalized guideline for the delivery of health care programs and services within the health region. As of April 1, 2010, a new strategic direction for the next three fiscal years will be implemented which has determined a new vision and mission statement for Cypress Health, with clearly established values which will assist the 1700+ team of health providers in making the appropriate decisions in putting the 'patient first'.

The Cypress Health Region can look forward to playing a significant role in the improved performance of the surgical programming within the Ministry of Health's direction. The initiation of the Saskatchewan Surgical Initiative as the lead-out recommendation from the recent *Patient First Review* report will be met with open arms by Cypress Health, as one of the region's objectives is to enhance the surgical program offered by the Cypress Regional Hospital's surgical team of health providers. The rollout of the Surgical Information System (anticipated mid-June 2010) will allow the team to ensure that all of the surgical components (booking process, wait lists, theatre usage, equipment and supplies, staff availability, etc.) are available for the scheduled surgery to create an efficient process to maximize the surgical experience. The continued use of the Surgical Safety Checklist will be monitored by the SIS system and enhance the element of patient safety.

Cypress Health's Board of Directors and management team remain committed to providing safe, quality health services and to continually enhance the customer experience. The year 2009-10 saw the development of the region's *Accelerating Excellence Strategy* and leadership's participation in the *Quality as a Business Strategy* Learning Collaborative. The *Accelerating Excellence Strategy* outlined recommendations for enhancing and nurturing a customer service culture within the region, and aligned itself nicely with the Ministry of Health's provincial vision and pillars for planning. The QBS initiative has assisted the participants in defining the region's focus, understanding of its systems, and hearing the voice of the customers. All of this information will prove very beneficial as we look forward to the 2010-11 fiscal year, where customer engagement and customer service expectations will be key components of the region's strategies and key performance areas.

Many quality improvement efforts supporting *Accelerating Excellence* and QBS are already in place, and are ready to be expanded across the region. The Lean practice and philosophy keeps the focus on continuous improvement on the internal and external client/customer. The region has dedicated Ministry funding to the development of Lean facilitators ('black belts, green belts') to assist our team of health providers to identify potential areas of efficiencies and improvement measures which will lead to additional time to 'put the patient first.' The continued emphasis on the *Releasing Time to Care (RTC) – The Productive Ward* and related modules will be distributed to other programs/services, which will release additional team members' time to dedicate to direct patient care. The region looks forward to the October 2010 visit from Accreditation Canada surveyors who will examine our commitment to patient safety, required organizational practices, and potential 'make it betters' as we continually improve the services we provide.

Community hospitals and emergency medical services (EMS) play a critical role in the delivery of health services in a rural area such as our health region, as well as posing significant challenges. The ability to recruit and retain nurses, physicians, and other hard-to-recruit health professionals to our rural communities will determine the sustainability of these facilities. The need to direct and maximize resources in the communities of Herbert, Shaunavon, Maple Creek, and Leader will form the platform for discussions with our community partners and the Ministry of Health into the future.

Cypress Health looks forward with optimism in relation to the capital projects in Maple Creek, Swift Current, and Leader. The infrastructure needs identified in the 2008 VFA study are very significant and there have been identified longer-term financial efficiencies associated with initiation of the capital projects versus expending resources on outdated building infrastructures. The region is fully committed to continued partnerships with the communities, staff, and physicians to seize these opportunities to enhance health care provision for the residents of the communities, both now and into the future.

In reference to the challenges being faced in the recruitment/retention of health professionals, the communities within Cypress Health are being challenged by the College of Physicians & Surgeons of Saskatchewan's revisions to guidelines that govern the placement and practices of internationally trained medical graduates (IMG). Many of the region's rural communities are being served by single-physician medical practices and thus, they are finding it difficult to maintain their medical services within the criteria of the existing guidelines. Although the guidelines are intended to ensure that a high standard of patient safety is in place, this issue is playing a role in shaping the programs and services that the region is able to provide in these communities.

The expansion of primary health care philosophies and a team approach to providing health care will be continued into the future. This philosophy has proven beneficial in situations where communities are facing single-physician practices that will pose a challenge for recruiting permanent replacements when that time arises. However, the realization of primary health care philosophies requires a combination of several key factors including physician participation, active community involvement, and a team approach to 'putting the patient first' in our health care provision approaches. Cypress Health will continue to deal with the issue of ever-increasing prevalence of risk factors that contribute to chronic diseases.

In conjunction with the Ministry of Health and the Cypress Health provider team of 1700+ staff and physicians, Cypress Health will emphasize the attainment of attendance management measures as determined by the Ministry. The development and implementation of the Cypress Health Employee Staffing Strategies (CHESS) program will play a significant role in attaining this directive, and as a result will serve as a significant benefit to employee satisfaction, quality workplaces, and retention of our valued staff members. The CHESS program will include a variety of strategic measures in the areas of attendance support, scheduling processes, and workplace safety. These measures will help Cypress Health to transform financial and staffing resources back into 'putting the patient first' – having the right people providing the right service at the right time. However, it will take a commitment from everyone.

The management of financial pressures associated with implementing research-based best practices and dealing with increased workloads in various services throughout the region is anticipated to increase in magnitude. As the region moves forward with its risk management strategies (including the action steps that result from the RMSAM project) and quality improvement initiatives (accreditation recommendations, Lean activities), there is the potential for initial investments to be necessary for implementation. As well, capital equipment and infrastructure identified expenditures will be a financial issue in the future – examples of this focus will occur at the Cypress Regional Hospital, where a series of construction deficiencies will be addressed; and, continued attention to the VFA study's identified infrastructure projects and ongoing identified lists.

In addition, it is imperative that Cypress Health continue on its journey towards the enhancement of a 'culture of safety' in the organization. We are moving in this direction but change takes time to become the 'norm' versus the 'exception'. Our continued emphasis on safety will remain a priority in the future, as we want to continually provide an environment that is safe for our clients and staff. Our safety-related processes will continue to see revision to reflect the priority and our reporting structure is a key element in attaining it. The potential for financial pressures in relation to Occupational Health and Safety contraventions and associated programming is being monitored – with an industry-wide focus on safety, additional issues are being brought to the forefront (examples, preventative maintenance, asbestos control, falls prevention, escape hatches, etc.).

The increased emphasis on creating a culture of safety will assist the region in demonstrating its commitment to employee well being. The expanded scope of the Ability Management Program, Employee Assessment Program, and overall CHESS strategies will be counted on to have a positive impact on decreasing incidents, injuries and overall numbers of absenteeism and lost-time WCB claims.

We continue to improve patient safety by implementing *Safer Healthcare Now!* Bundles (ex. Falls prevention, post-AMI, medication reconciliation, and surgical site infections) and working towards attaining the Ministry of Health provincial target for Hospital Standardized Mortality Ratio that is below 75 by end of summer 2010.

The Cypress Regional Health Authority and its employees will continue to provide a continuum of high quality health care services to the residents of southwestern Saskatchewan. We will provide these services within the parameters of the challenges and/or limits that surround us – whether they are financial or human resource related.

FRIENDS OF THE PALLISER ACTIVITY DAY - PALLISER REGIONAL CARE CENTRE

Along with the challenges, health care is also full of opportunities, which we want to take full advantage of. We are working hard to create a quality working environment for our health care providers and, more importantly we are seeking out new ways to share our expertise and knowledge with patients so they can make the most of their health and well-being.

As we continue to move forward through the recommendations and findings of the *Patient First Review*, in conjunction with the Ministry of Health and other health regions, we will do our part in helping to shape the future of customer/client engagement and how health services are provided. The region's involvement in the 'Quality as a Business Strategy' program offered by the Health Quality Council and the Ministry of Health will also pave the way for strategic planning into the future.

We will continue to dedicate the resources available to us towards the attainment of our newly established strategic direction for the Cypress Health Region ...

VISION

'Leaders in Rural Health Excellence'

MISSION

'Within Saskatchewan's health care system, Cypress Health delivers safe, quality services to each person.'

PAYEE LIST

As part of their commitment to accountability and transparency, the Ministry of Health and the Cypress Health Region disclose payments by payee for the 2009-10 fiscal year. The Government of Saskatchewan Treasury Board determines the threshold for payees (individuals, affiliates, and other organizations) requiring disclosure, and for the 2009-10 fiscal year the minimum threshold has been maintained at $50,000.

The *Payee Disclosure Lists* include payments for the following categories, with information to be included as follows:

- ***Personal Services*** – stated amounts include all payments made to individuals throughout the fiscal year and ***are not restricted to base salary payments***. Payments to individuals include regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, any other direct cash remuneration including sick leave, vacation, and differentials which total $50,000 or more.

    - **Contracts** – the total amount paid (over the threshold) if an 'employee/employer' relationship exists. If the relationship does not exist and the payment is over the minimum threshold, the amount is reported as a 'Supplier Payment'.

- ***Supplier Payments*** – payees who received $50,000 or more for the provision of goods and/or services, including supplies, contracts, and equipment; and,

- ***Transfers*** – listed, by program, transfers to recipients who received $50,000 or more for program grants, funding, foundations, donations, sponsorships, and Health Care Organizations.

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2010

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 51 for details on what is included in the amounts below.)* which total $50,000 or more

ACHTER	CANDLLE	80,959
ADAM	DIANA	54,160
ADAMSKA	TERESA	93,090
ADAMY	ALI	111,165
ADASHYNSKI	BETH	100,146
ADDAI	STEPHAN	305,569
ALDAG	MARLENE	103,440
ALEKSEJEV	VICTOR	64,412
ALEXANDER	PATRICIA	79,432
ALLEN	ASHLEY	70,422
ALLSEN	LARRY	102,482
AMAN	RALPH	77,091
ANDERSON	ALISON	52,916
ANDERSON	AMANDA	64,982
ANDERSON	IRENE	52,750
ANDERSON	MARY	78,913
ANDREAS	DAPHNE	129,396
ANDRES	MYRNA	61,290
ANTONIUK	DARUSIA	96,960
ARMSTRONG	GENEVIEVE	86,710
ARMSTRONG	NADINE	68,981
ARMSTRONG	SHANNON	81,488
ARNOLD	CORINNE	84,715
ARWINI	MOHAMED	452,174
ASHTEKAR	VIJAYHUMAR	433,512
BAAN	SUZANNE	61,672
BANMAN	LEANNE	66,410
BARKER	BETTY	58,957
BARRETTO	IGNACIO	169,101
BERG	DOROTHY	52,264
BIDAUX	JOYCE	54,974
BISSONNETTE	DEBORAH	76,261
BITZ	DONNA	59,248
BLAKE	CANDACE	83,306
BOLLMAN	JULIE	82,163
BOLZ	RHONDA	58,254
BOOTH	DWIGHT	92,993
BORUCH	SHEILA	52,501
BOUTILIER	BRADLEY	63,997
BOWERS	MARGARET	57,041
BRAATEN	DAWN	53,762
BRABENDER	JBEATRICE	80,592
BRADLEY	RHONDA	54,847
BRAUN	KAREN	60,046
BREHM	KAREN	98,378

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 51 for details on what is included in the amounts below.)* which total $50,000 or more

BRIDAL	LINDA	66,639
BRIGGS	LEAH	65,726
BROBERG	MARIE	64,486
BROKS	DIANE	123,693
BROWN	LANA	88,198
BROWN	LEANNE	57,739
BROWN	PATRICIA	85,756
BROWNE	GRANT	79,149
BRYNGELSON	CHERYL	61,403
BURNETT	WANDA	54,617
BURTON	SUSAN	75,423
BURTON	VALERIE	52,823
BYE	LISA	72,069
CAISSIE	WENDY	76,718
CALOW	MICHELLE	78,345
CAMERON	KATHERINE	93,725
CAPPELLE	LYRIS	80,749
CARIGNAN	MELISSA	76,432
CARLETON	MYRA	96,105
CASAMAYOR	SUSAN	84,750
CEDERHOLM	SUSAN	97,117
CHAPMAN	PATRICIA	78,393
CHIKOPELA	ROSTINA	120,931
CHISHOLM	JOHN	73,211
COCHRANE	IDA	53,366
COLE	HEATHER	53,287
CONEYS	DAVID	79,473
CONNICK	NORMA	61,335
COREY	SHIRLEY	71,981
COULTER	TERRY	98,318
COULTER	VALERIE	85,372
CRAWSHAW	TIMOTHY	182,804
CREIGHTON	JOYCE	90,430
CRONAN	CARLA	74,755
CUNNINGHAM	GAIL	57,651
CYBULA	TOMASZ	256,375
DAHL	KATHLEEN	50,005
DAS	JIBAN	202,453
DE KLERK	HEIN	151,676
DEJAGER	JACOBUS	141,990
DEKOWNY	PATTI	56,635
DEMPSEY	SHEILA	84,531
DENESOVYCH	CONSTANCE	87,867
DEOBALD	MARLENE	69,954
DERMODY	MARIE	54,111

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2010

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 51 for details on what is included in the amounts below.*) which total $50,000 or more

DESHAIES	MARIE	94,252
DJAN	DEBORAH	299,444
DLOUHY	KARLENE	58,895
DRUMMOND	CINDY	92,969
DRYDEN	VERONICA	65,714
DUECK	BARRY	57,279
DUECK	BRENDA	66,953
DUNCAN	TAMMY	97,655
DUNN	GREGORY	119,574
DUNNINGTON	ARLENE	78,298
DURANT	MARILYN	64,659
DYCK	CAROL	84,135
DYCK	DAWN	53,339
DYCK	LARRY	59,292
DYCK	LORIE	67,003
DYCK	RYAN	67,266
EAST	KAREN	71,616
EBNER	STEPHANIE	51,891
EDDY	CAROL	101,233
EIDSNESS	RUTH	101,809
ELSASSER	RAYLENE	90,770
EMPEY	BONNIE	124,995
ERICKSON	MARY	63,733
EVENSON	BONNIE	55,261
FAKHIR	SHAMSUDDEN	314,740
FEHR	HELEN	121,090
FEHR	MARGARET	89,379
FEIL	ROXANNE	50,876
FESCHUK	MELANIE	93,599
FINLAY	LAURIE	53,198
FITZPATRICK	ELAINE	79,254
FLATERUD	FLORENCE	67,566
FLEURY	BRENDA	99,337
FLEURY	DEAN	62,300
FLYNN	PENNY	53,511
FORTMAN	SANDRA	65,146
FOSSUM	EILEEN	86,165
FREDERICK	SHANNON	52,296
FRIESEN	D LORES	71,466
FRIESEN	MARGARET	82,641
FRIESEN	YVETTE	70,832
FRITZ	BONNIE	84,078
FROEHLICH	CINDY	51,564
FROESE	BRITTANY	51,026
FROYMAN	DEBRA	56,947

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 51 for details on what is included in the amounts below.*) which total $50,000 or more

GABRIEL	LYNDSAY	76,931
GAJADHAR	KAREN	68,904
GALBRAITH	SHANNON	51,721
GARDNER	TERRY	55,491
GARIES	ELAINE	53,535
GARIES	JOHN	68,667
GARRECHT	JEANETTE	50,679
GATES	GLENDA	86,780
GATZKE	JASON	164,323
GEORGE	MAUREEN	69,526
GETZ	MARY	86,229
GIESBRECHT	BRADFORD	66,112
GILLANDERS BELL	TARA	87,879
GINTER	LAURA	63,978
GIZEN	JUNE	92,754
GLOVER	SHARRON	101,388
GLYDON	ORLA	87,328
GODDARD	SUSANNE	73,873
GOHRI	AQEEL	63,537
GOLD	KARLA	72,281
GOLDEN	BARBARA	81,085
GORDON	KATHY	54,845
GORDON	MARIANNE	78,770
GOUDY LODOEN	LAURA	103,158
GOVENDAR	RAJAN	160,324
GRAND	KAREN	73,434
GRANT	GREGORY	87,034
GRANT	JANELL	96,908
GREEN	STEPHANIE	98,184
GROVES	BRENDA	108,187
HAICHERT	TEEJAY	70,178
HAIDT	NICOLETTE	74,367
HALDERMAN	PEOTTA	71,549
HALL	GLORIA	83,313
HALL	TRISHA	54,305
HALVORSON	CINDY	78,052
HAMM	BONNY	88,000
HAMM	DONNA	66,812
HANNA	SHANNON	57,264
HANSEN	JESSIE	63,308
HANSON	FERN	78,520
HANSON	MARIE	87,713
HARDER	MYRNA	51,004
HARDING	EDWARD	141,053
HARLE	ROBIN	65,892

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2010

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 51 for details on what is included in the amounts below)* which total $50,000 or more

HARLICK	SANDRA	81,611
HARRISON	YOLANDA	72,347
HART	SHELLY	66,698
HARTLEY	VALERIE	111,821
HAUBRICH	YVONNE	55,871
HAWKINS	KRISTIN	79,988
HEINRICHS	LORRAINE	104,891
HEISER	BEVERLEY	63,492
HENNIG	JENNIFER	84,435
HERTER	MELISSA	81,862
HILDEBRAND	CAROL	61,202
HILTS	ELAINE	56,054
HITTEL	CLARA	62,506
HODGSON	MARYANN	65,337
HOFFARTH	SHARON	86,479
HOLDERBEIN	SHARLENE	118,759
HOLDERBEIN	VALERIE	80,710
HOLIZKI	MAUREEN	59,898
HOLMES	PEGGI	100,277
HOPE	CRYSTAL	97,217
HORNELL	JAMES	186,833
HORNUNG	SHERRY	106,242
HOVDESTAD	RENEE	103,694
HOWELL	MARY ROSE	76,235
HUNTER	JACQUELIN	56,092
HYATT HIEBERT	RACHEL	75,486
ILLERBRUN	GLORIA	123,182
ILLERBRUN	PATRICIA	64,145
JAHNKE	ELAINE	78,191
JAMES	TERRY LEE	71,212
JARLIGO REIMER	KENNET	51,385
JENSEN	WENDY	78,467
JOHNSON	KATHI	73,915
JOHNSON	V	55,228
JOHNSTON	JOSEPHINE	57,169
JONES	YVONNE	81,102
JOYCE	AMANDA	77,992
KALINOWSKI	DAWN	111,905
KANNENBERG	TYLER	74,906
KASSETT	SURESH	72,522
KEHLER	ROXANNE	82,581
KESSY	CONNIE	83,321
KHONJE	TED	79,209
KIELLY	ANDREW	148,883
KILCHER	NORMA	101,356

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 51 for details on what is included in the amounts below.)* which total $50,000 or more

KING	ROBERT	58,863
KLAASSEN	TODD	60,244
KLEIN	PATRICIA	59,918
KNAKOSKE	SUSAN	54,905
KNOWLTON BRODZIAK	SHELLY	79,256
KNOX	CATHERINE	66,290
KNOX	LISA	60,420
KOCHAN	BRENDA	72,775
KOELLMEL	HEATHER	89,127
KORMOS	ARPAD	200,994
KOZINSKI	KERRI	68,251
KRAHN	ELAINE	66,781
KRAUSE	MARILYN	103,892
KRUSE	KIM	67,004
L HEUREUX	JOAN	96,367
LAFONTAINE	ANGELA	55,953
LAIRD	MERCY	90,632
LEE	TARA	68,345
LEIN	CARMEN	63,034
LEIS	HELENE	100,301
LEMAY	LYNDA	74,983
LENUIK	PHYLLIS	55,315
LESLIE	DONNA	71,765
LEVORSON	DENISE	71,354
LINDER	LOIS	84,846
LINDSAY	LINCOLN	65,018
LIS	ROSE	116,552
LONGMORE	DEBRA	55,711
LOWE	LINDA	94,485
LOWE	RICKY	87,214
LUBEGA	BONIFACE	421,821
LUCHENSKI	SHELLY	76,715
LUEBBE	MARILYN	88,201
LUNDBERG	LYNN	69,873
LYON	MORAG	100,708
MABIFA	OLASUNKANMI	162,634
MACDONALD	COLEEN	51,405
MACLEOD	JANE	58,814
MACWILLIAM	CORNELIA	97,821
MAH	CHERI LYN	76,190
MALLECK	NASEEM	424,951
MANNLE	WADE	96,778
MAREE	GERT	130,816
MARTENS	MAUREEN	64,957
MARTENS	MELLISA	74,468

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2010

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 51 for details on what is included in the amounts below.)* which total $50,000 or more

MARTENS	TANYA	59,582
MARTIN	BRYCE	124,629
MASON	TAMMY	79,875
MATTHEWS	ERICA	64,100
MCCONNELL	ANDREA	53,420
MCCONNELL	MIKE	55,698
MCCUAIG	CAROLINE	102,846
MCCUAIG	CHESTER	73,609
MCGREGOR	LINDSAY	60,523
MCKINNON	MILTON	92,705
MEINERT	RANA	86,501
MENDS PAINTSIL	GEORGINA	69,683
MEYER	ERLA	121,706
MEYER	HOLLY	111,696
MEYERS	LYNN	69,019
MIGNEAULT	BRITTANY	64,455
MILANI	ALI-REZA	298,208
MILLAR	MIKKI	106,860
MILLER	CATHERINE	83,881
MIRKA	CHRISTINE	140,221
MISSON	JANET	85,903
MOBERG	HEATHER	89,430
MOBERG	SHERRY	59,018
MOBERG	TERRI	92,734
MOEN	ALICE	68,353
MOIR	LINDA	52,995
MONK	CRYSTAL	88,581
MOOLA	DAWOOD	984,819
MORCK	EUNICE	64,511
MORGAN	SAMUEL	110,924
MORSTAD	MAUREEN	52,547
MOSER	LILY ANNE	55,111
MOSER	LORENE	50,153
MUDINGAY	KABUYA	381,731
MUDRY LAUTSCH	MARILYN	77,672
MULATZ	SHEILA	64,889
MUNROE	ROBIN	87,076
MURDOCH	ASHLEY	53,097
NAGEL	NANCY	50,299
NAPPER	SHANNON	87,188
NEUSTAETER	WESLEY	62,781
NEVARD	M FERN	94,181
NEWTON	CURTIS	63,619
NICHOLSON	SUSAN	94,575
NORDIN	COLLEEN	75,314

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 51 for details on what is included in the amounts below.)* which total $50,000 or more

NORDWICK	RITA	55,264
OJO	ALABA	286,759
OLFERT	MICHELLE	66,088
OLFERT	VICTORIA	52,428
OLMSTED	PATRICIA	86,510
OLSEN	CRYSTAL	74,939
OLSGARD	LINDA	55,420
OLSON	ANGELA	56,647
OLSON	KRISTA	52,103
ORTMAN	JOAN	90,209
OSTRANDER	PHYLLIS	50,893
PAINTSIL	JAMES	441,384
PALMIER	DEANNA	96,933
PANKO	RICK	53,597
PATERSON	HARRIET	63,043
PAUL	LEONA	57,897
PAUL	SANDRA	52,030
PAULSON	LORNA	101,727
PAVELY	TAMI	55,521
PEDERSON	VERNA	71,857
PENNER	MARY JEAN	63,693
PERRIN	CYNTHIA	78,631
PERRIN	GRANT	73,591
PETERS	ELEANOR	96,328
PETERS	EUNICE	69,313
PFEIL	JOANNE	58,968
PHILIP	CYNTHIA	75,147
PHILLIPS	GEORGINA	53,010
PILKEY	LAURIE	86,974
PLATT	DONNA MAR	76,051
PLEWIS	JENNIFER	81,898
PLEWIS	LORRIE	67,255
POMPU	THERESA	87,507
PRANG	JENNIE	55,322
PRITCHARD	LORI	100,608
PURVES	TAMMY	79,477
RACKOW	ELIZABETH	86,649
RADEVSKI	IVO	345,953
RAYMOND	SIGNE	94,911
REGIER	TRENTON	136,808
REID	LYNN	52,786
REINBOLT	BARBY	94,329
REINHART	KRISTIN	54,392
REMPEL	MARGARETE	89,146
REMPEL	MAUREEN	79,494

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2010

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 51 for details on what is included in the amounts below.)* which total $50,000 or more

RENWICK	MARY	79,211
RESENDES	SUSAN	87,959
RICE	JOANNE	73,320
RICHARDSON	CHRISTINA	103,808
ROBINS	LINDA	53,490
ROCHE	RACQUEL	76,462
ROCKABAR	CHRISTINE	54,678
ROUSE	DONNA	54,862
RUDD	KENNETH	89,600
RUETZ	CATHERINE	82,334
RUNCIE	ELLEN	124,844
SAGADAHL	ANITA	107,163
SARGENT	MARILYN	103,421
SAUDER	KIMBERLY	50,350
SAVOY	EFFIE	144,675
SAWATZKY	MARILYN	52,900
SCHELLENBERG	VIVIAN	65,588
SCHERGER	KATHY	83,864
SCHNEIDER	SHELLEY	69,675
SCHULTZ	ABBY	75,053
SCHULTZ	CARRIANNE	65,001
SCHWAN	BRENDA	141,227
SCHWAN	JEFFERY	104,947
SCHWARTZ	MARTA	92,803
SCOTT	CAROL	54,797
SEKERAK	DEBRA	64,723
SELENSKI	DONNA	87,724
SERWADDA	ROSEMARY	57,260
SHAH	SYED	386,117
SHAHID	UMAIR	62,073
SHAPAN	MUSTAFA	331,729
SHARIF BAJESTANI	NEGAR	95,467
SHAW	BONNIE	79,380
SHERWANI	AAMIR	75,679
SHOTTER	MICHAEL	98,688
SIGURDSON	ESTHER	107,268
SILBERNAGEL	KORI	58,496
SINGH	LORETTA	71,559
SKELTON	MARG	126,863
SLADE	AMANDA	55,194
SMART	MAXINE	74,721
SMITH KLASSEN	ALISON	91,270
SMOUT	ALICE	89,963
SMUK	CONNIE	58,338
SMUK	GREGORY	80,787

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 51 for details on what is included in the amounts below.)* which total $50,000 or more

SONEN	CYNTHIA	56,140
SONSTEBY	LOUISE	70,070
SOOS	ERIN	78,197
STEENBERG	LOURENS	74,598
STEINKE	KARYN	79,802
STEINLEY	MEGAN	88,971
STENSTROM	OSCAR	85,118
STEVENSON	DANIEL	103,456
STEVENSON	JILL	70,210
STEWART	RAELENE	72,890
STIMSON	MARIE	71,048
STOLSON	SUSAN	62,802
STOLSON	VALERIE	58,038
STORY	DENYSE	62,196
STUART	TARRA	72,372
TAGBOTO	SENYO	118,600
TARDIF	MARY	60,768
TAYLOR	BRENDA	85,769
THERRIEN	JANICE	90,436
THOMAS	LEANNE	63,951
THOMPSON	KELLY	64,338
TIMBRELL	SUSAN	70,093
TORR	DAVID	105,916
TOURIGNY	KRISTA L	63,221
TRAUTWEIN	JOYCE	57,033
TREEN	JACQUALIN	77,801
TURNER	BERT	50,163
TURNER	KELLI	74,864
UNGER	DEBORAH	74,759
VACHON	ELISABETH	141,628
VALLEE	SUSAN	88,075
VAN DER BERG	NICOLAAS	150,183
VANCE	NICOLE	82,419
VANDERSTEEN	ALINE	71,721
VANSTONE	JACQUELIN	103,701
WAGMAN	BRANDI	70,172
WALLISER	LINDA	106,348
WARD	EMILY	55,655
WARDER	BRENDA	83,372
WATTS	LEANNE	63,822
WEBER	KEN	74,772
WEBER	RHODA	58,036
WELLS	CAROL	125,387
WELSH	LAURA	87,373
WENZEL	COLETTE	88,326

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2010

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 51 for details on what is included in the amounts below.*) which total $50,000 or more

WENZEL	COLLEEN	58,491
WEPPLER	BRENDA	95,524
WHARTON	TERRY	226,978
WHITE	ALYSSA	77,808
WHITE	LAURA	95,168
WIEBE	GLENDA	93,877
WIEBE	MARION	77,067
WIEBE	SHARI	59,824
WIEBE	TRACY	63,923
WIENS	KAREN	52,441
WIG	LAURIE	73,968
WILLIAMS	SHANNON	71,815
WILLMAN JOHNSTON	RHONDA	60,455
WILMS	ILA	84,957
WILSON	PATRICIA	65,375
WILSON	SHELLEY	80,189

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 51 for details on what is included in the amounts below.*) which total $50,000 or more

WILSON	WENDY	109,075
WINQUIST BANG	BRANDACE	59,559
WINSOR	WILLIAM	57,098
WOELK	FLORENCE	65,060
WOELK	VALERIE	92,965
WONG	AUDRA	54,262
WONG	RUTH M	111,856
WOODS	LAVONNE	85,905
WOODS	MARYANN	71,701
WOTHERSPOON	DONNA	76,342
WRIGHT	PATRICIA	71,232
YOUNG	KELLEY	81,710
YOUNG	SHERRY	53,677
ZACHARIAS	CAROLYNN	60,197
ZANIDEAN	ERIN	55,709
ZANIDEAN	VANESSA	59,437

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2010

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more *(Refer to Page 51 for details on what is included in the amounts below).*

CANADIAN MENTAL HEALTH	154,789
FOYER ST. JOSEPH NURSING HOME	1,531,236
FRONTIER AMBULANCE	140,675
GULL LAKE AMBULANCE	136,437

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more *(Refer to Page 51 for details on what is included in the amounts below).*

MCKERRACHER SERVICES	130,648
PONTEIX AMBULANCE	206,976
SWIFT CURRENT AMBULANCE	845,978
VAL MARIE AMBULANCE	118,594

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2010

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (*Refer to Page 51 for details on what is included in the amounts below*) .

ABBOTT LABORATORIES LTD.	66,229
ADVANCED RESPONSE VEHICLES INC	61,956
ALCON CANADA INC.	375,565
AODBT	476,068
BARD CANADA INC.	57,441
BAXTER CORPORATION	89,429
BECKMAN COULTER	219,938
BIO RAD LABORATORIES	66,274
BIOMED RECOVERY & DISPOSAL LTD	82,871
BUNZL CANADA	172,727
CANAM PHYSICIAN RECRUITING, INC	62,019
CENTURY ROOFING & SHEET METAL LTD	147,032
CHERRY INSURANCE INC.	67,727
CHINOOK REFRIGERATION	115,935
CITY OF SWIFT CURRENT	325,581
COUNTRY CLUB DISTRIBUTORS	265,461
COVIDIEN RESPIRATORY	59,377
COVIDIEN SURGICAL	262,384
CPDN/LYNDEN LOGISTICS	335,875
DE LAGE LANDEN	75,752
DELL CANADA INC.	60,570
ECOLAB LTD	84,807
ENTERPRISE RENT-A-CAR	82,974
G.E. HEALTHCARE CANADA	499,452
GRAND & TOY LTD.	197,861
GREAT WEST LIFE - GL	473,417
HBI BRENNAN BUSINESS INTERIORS INC	104,979
HEALTHCARE INSURANCE RECIPROCAL OF CANADA	122,773
HILL-ROM CANADA LTD.	303,819
HOSPIRA HEALTHCARE CORP	331,658
HSAS	75,177
INSIGHT CANADA	140,413
JOHNSON & JOHNSON CLINICAL	438,699
LONDON LIFE INSURANCE COMPANY	70,305
MARSH CANADA LTD	134,967
MASTERCARD	248,176
MCKESSON CANADA	253,696
MCKESSON DISTRIBUTION PARTNERS	181,257
MEDICAL ARTS ASSOCIATES	103,909
MEDTRONIC OF CANADA LTD.	110,412
MELHOFF ELECTRIC (77) LTD.	74,309
MINISTER OF FINANCE	115,436
OFFICE OUTFITTERS	58,720
OLYMPUS CANADA INC.	275,592
ONIX SYSTEMS GROUP INC.	64,984

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (*Refer to Page 51 for details on what is included in the amounts below*) .

PENNEY MURPHY & ASSOCIATES	67,452
PERIDOT MEDICAL INC.	496,959
PHILIPS MEDICAL SYSTEMS	176,947
PIONEER CO-OP	52,254
PUBLIC EMPLOYEE PENSION PLAN	188,497
QUALITY LIFE SERVICES INC.	340,541
RADIOLOGY CONSULTANTS ASSOCIATED	65,602
RECEIVER GENERAL	18,144,789
REGINA QU'APPELLE HEALTH REGION	847,229
RIVERSIDE ELECTRIC LTD.	51,471
SAHO	304,549
SAHO - DENTAL	765,476
SAHO - DIP	1,429,060
SAHO - ENHANCED HEALTH PLAN	1,633,495
SAPUTO	114,779
SASK ENERGY	871,948
SASK POWER	731,315
SASK PROPERTY & MANAGEMENT	768,768
SASKATCHEWAN MEDICAL ASSOCIATION	73,430
SASKTEL CMR	489,882
SASKWORKS VENTURE FUND INC.	64,531
SCHAAN HEALTHCARE PRODUCTS	774,238
SEIU	544,732
SERWADDA, DR. ROSEMARY	57,260
SHEPP	7,732,837
SHIN	95,611
SIEMENS HEALTHCARE DIAGNOSTICS LTD	158,981
SMITHS MEDICAL CANADA LTD.	58,168
SOURCE MEDICAL	437,466
SRNA	143,819
STERIS CANADA LTD.	133,581
STEVENS COMPANY LTD.	147,536
SUN	309,270
SUPERIOR VACUUM & JANITORIAL SUPPLIES	109,394
SWIFT PLUMBING & HEATING	146,751
SYSCO FOOD SERVICES-WEST INC	1,312,989
TANDBERG CANADA INC.	62,651
TREEN PACKERS LTD	60,854
TREMCO	383,331
VITALAIRE // CLINICAL	57,023
VITALAIRE // GASES	60,664

Date: June 15 2010

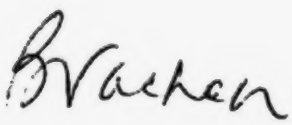
CYPRESS HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.



Beth Vachon
Interim Chief Executive Officer

Larry Allsen
Interim Chief Financial Officer

CYPRESS HEALTH REGION

Financial Statements
For the Year Ending
March 31, 2010

AUDITOR'S REPORT

To the Board of Directors, Cypress Regional Health Authority

We have audited the statement of financial position of the Cypress Regional Health Authority as at March 31, 2010 and the statements of operations and changes in fund balances and cash flow for the year then ended. The Health Authority Board and management are responsible for preparing these financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion these financial statements present fairly, in all material respects, the financial position of the Health Authority as at March 31, 2010 and the results of its operations and the changes in its fund balances and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Stark & Marsh

Chartered Accountants, I.I.P

Swift Current, Saskatchewan
May 11, 2010

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CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position
as at March 31, 2010

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2010	Total 2009
ASSETS					
Current Assets					
Cash and short-term investments	$ 21,579,599	$ 8,163,763	$ 590,801	$ 30,334,163	$ 39,872,666
Accounts receivable					
Ministry of Health - General Revenue Fund	301,626	-	-	301,626	269,485
Other	785,181	48,637	31,632	865,450	900,740
Inventory	1,060,273	-	-	1,060,273	805,487
Prepaid expenses	263,594	-	-	263,594	409,270
	23,990,273	8,212,400	622,433	32,825,106	42,257,648
Long Term Investments (Note 2,Schedule 2)	254,143	-	800,000	1,054,143	255,770
Capital Assets (Note 3)	-	71,469,964	-	71,469,964	71,142,280
TOTAL ASSETS	$ 24,244,416	$ 79,682,364	$ 1,422,433	$ 105,349,213	$ 113,655,697
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 3,999,273	$ -	$ -	$ 3,999,273	$ 3,516,818
Accrued salaries	6,514,712	-	-	6,514,712	2,256,022
Vacation Payable	6,134,581	-	-	6,134,581	6,120,383
Mortgage payable - current (Note 5)	-	152,428	-	152,428	144,353
Lease payable - current (Note 4)	-	70,818		70,818	70,949
Deferred revenue (Note 6)	5,910,855	-	-	5,910,855	1,794,564
Accrued mortgage interest	-	11,767	-	11,767	12,429
	22,559,420	235,013	-	22,794,433	13,915,518
Long term liabilities					
Long Term Leases Payable (Note 4)	-	53,638	-	53,638	124,325
Mortgages payable (Note 5)	-	2,221,870	-	2,221,870	2,374,566
TOTAL LIABILITIES	22,559,420	2,510,522	-	25,069,942	16,414,409
Fund Balances					
Investment in capital assets	-	68,959,442	-	68,959,442	68,415,658
Externally restricted (Schedule 3)	192,540	945,189	1,422,433	2,560,162	2,501,875
Internally restricted (Schedule 4)	-	7,267,211	-	7,267,211	26,114,668
Unrestricted (deficit)/surplus	1,492,456	-	-	1,492,456	209,087
TOTAL FUND BALANCES (Statement 2)	1,684,996	77,171,842	1,422,433	80,279,271	97,241,288
TOTAL LIABILITIES & FUND BALANCES	$ 24,244,416	$ 79,682,364	$ 1,422,433	$ 105,349,213	$ 113,655,697

Commitments (Note 4)
Mortgages (Notes 5)
Pension Plan (Note 11)

Approved on behalf of the board of directors

The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

for the year ended March 31, 2010

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2010	Actual 2010	Actual 2009	Capital Fund 2010	Community Trust fund 2010	Total 2010	Total 2009
REVENUES	(Note 12)		(Note 10)				(Note 10)
Ministry of Health - General	$ 97,073,050	$ 84,858,731	$ 92,534,697	$ 1,148,160	$ -	$ 1,148,160	$ 26,265,848
Other provincial	883,747	1,750,821	607,509	-	-	-	-
Federal government	48,400	39,065	79,182	-	-	-	-
Special funded programs	78,740	79,048	79,901	-	-	-	-
Patient fees	7,986,817	8,365,620	8,005,471	-	-	-	-
Out of province (reciprocal)	734,338	913,637	917,575	-	-	-	-
Out of country	39,050	40,588	58,901	-	-	-	-
Donations	50,000	93,316	49,856	406,811	-	406,811	861,141
Investment	75,000	78,469	273,637	122,537	38,469	161,006	116,088
Recoveries	672,616	834,613	910,497	-	-	-	870,190
Other	216,436	368,386	274,322	90,916	-	90,916	155,459
TOTAL REVENUES	107,858,194	97,422,294	103,791,547	1,768,424	38,469	1,806,893	28,268,726
EXPENSES							
Province wide acute care services	911,777	975,745	945,439	32,556	-	32,556	20,877
Acute care services	32,449,154	33,945,408	31,271,607	1,241,891	-	1,241,891	1,828,512
Physician compensation - acute	9,034,873	9,178,981	8,755,438	-	-	-	-
Supportive care services	34,290,256	37,319,822	33,903,144	1,782,013	69	1,782,082	1,074,260
Home based services - supportive care	6,129,604	5,959,506	5,520,774	218,865	-	218,865	139,491
Population health services	2,300,527	2,350,732	2,194,802	82,143	-	82,143	55,476
Community care services	6,055,053	5,285,302	4,853,672	216,203	-	216,203	141,319
Home based services - acute & palliative	723,390	704,092	648,000	25,829	-	25,829	16,229
Primary health care services	4,621,941	4,742,445	4,176,112	165,032	-	165,032	92,971
Emergency response services	3,452,069	3,701,339	3,509,731	123,260	-	123,260	82,472
Mental health services - inpatient/residential	1,391,876	1,509,913	1,312,874	49,699	-	49,699	30,694
Physician compensation - community services	1,256,108	1,102,774	947,539	-	-	-	-
Program support services	5,160,580	5,299,938	4,904,465	23,384	-	23,384	15,221
Special funded programs	80,986	154,266	79,902	-	-	-	-
Ancillary	-	-	-	-	-	-	-
TOTAL EXPENSES (Schedule 1)	107,858,194	112,230,262	103,023,498	3,960,874	69	3,960,943	3,497,521
Excess of revenue over expenses	$ -	(14,807,968)	768,049	(2,192,450)	38,400	(2,154,050)	24,771,205
Fund balances, beginning of year		92,964	(677,066)	95,723,317	1,425,008	97,148,325	72,379,102
Interfund transfers (Note 14)		16,400,000	1,981	(16,359,025)	(40,975)	(16,400,000)	(1,981)
Fund balances, end of year		$ 1,684,996	$ 92,964	$ 77,171,842	$ 1,422,433	$ 78,594,275	$ 97,148,325

The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

for the year ended March 31, 2010

Statement 3

	Operating Fund		Restricted Fund			
	2010	2009	Capital Fund	Community Trust Fund	Total 2010	Total 2009
Cash provided by (used in):	**Operating Activities**		**Financing and investing activities**			
Excess of revenue over expenditure	$ (14,807,968)	$ 768,049	$ (2,192,450)	$ 38,400	$ (2,154,050)	$ 24,771,205
Net change in non-cash working capital (Note 7)	8,660,883	1,812,651	98,157	6,632	104,789	921,822
Amortization of capital assets	-	-	3,296,594	-	3,296,594	3,221,461
Change short term investment to long term investment	1,627	(2,470)	-	(800,000)	(800,000)	-
	(6,145,459)	2,578,230	1,202,301	(754,968)	447,333	28,914,487
Purchase of capital assets						
Buildings/construction	-	-	(1,307,308)	-	(1,307,308)	(1,017,583)
Equipment	-	-	(2,316,970)	-	(2,316,970)	(2,931,558)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
	-	-	(3,624,278)	-	(3,624,278)	(3,949,141)
Repayment of debt	-	-	(216,100)	-	(216,100)	(208,615)
Net increase (decrease) in cash & short term investments during the year	(6,145,459)	2,578,230	(2,638,077)	(754,968)	(3,393,045)	24,756,731
Cash & short term investments, beginning of year	11,325,058	8,744,847	27,160,865	1,386,744	28,547,609	3,792,859
Interfund transfers (Note 14)	16,400,000	1,981	(16,359,025)	(40,975)	(16,400,000)	(1,981)
Cash and investments, end of year (Schedule 2)	$ 21,579,599	$ 11,325,058	$ 8,163,763	$ 590,801	$ 8,754,564	$ 28,547,609
Amounts in cash balances						
Cash and short-term investments	$ 21,579,599	$ 11,325,058	$ 8,163,763	$ 590,801	$ 8,754,564	$ 28,547,609

The accompanying notes and schedules are part of these financial statements

1. **Legislative Authority**

The Cypress Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Cypress Health Region, under section 27 of The Act. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. **Significant Accounting Policies**

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance
Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate, a registered charity under the *Income Tax Act*, is incorporated as follows:

Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

The affiliate is not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act.*

Under the Foundation's Articles of Incorporation, the activities of the Foundation are restricted to providing funding for the betterment of healthcare for the people of Southwest Saskatchewan.

These financial statements do not consolidate the financial activities of the Foundation. Alternatively, Note 9 b) iii) provides supplementary information of the Foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a declining balance basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and

expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instrument are as follows:

- Cash is classified as held-for-trading
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities
- Long-term debt is classified as other liabilities. The related debt premium or discounted and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2010 (2009 –none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.
The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with the financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

j) Allocation of Expenses

The RHA incurs a number of general support expenses that are common to the administration of the organization and each of its programs. The RHA allocates certain of its general support expenses by identifying the appropriate basis of allocating each component expense, and applies that basis consistently each year. Corporate governance and general management expenses are not allocated; other general support expenses are allocated to expense pools based on the following basis:

Materials Management Expenses – % set by Regional Manager of Materials Management
Education and OH&S Expenses - % set by Director of Human Resources
Regional Therapies - % set by Regional Therapy Manager
Regional Administration and Activities – % of beds at facility
Support Services administration – % of beds at facility
General Administration – % of approved budget

3. Capital Assets

	March 31, 2010			March 31, 2009
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,422,224	$ -	$ 1,422,224	$ 1,422,224
Land Improvements	918,695	661,897	256,797	229,327
Buildings	75,879,193	20,293,667	55,585,526	56,117,866
Equipment	37,388,934	23,709,738	13,679,195	12,911,421
Information systems	859,032	446,890	412,143	318,842
Vehicles	1,053,538	939,459	114,079	142,599
	$ 117,521,616	$ 46,051,652	$ 71,469,964	$ 71,142,280

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2010, commitments for acquisition of capital assets were $669,672 (2009 - $255,213). As at March 31, 2010, the Ministry of Health commitment to the Maple Creek integrated facility was $2,150,000.

b) Operating Leases

The minimum annual payments under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

c) Capital Leases

	2010			2009
	Cost	Accumulated Ammortization	Net Book Value	Net Book Value
Equipment under capital lease	$ 354,745	$ 102,601	$ 252,144	$ 280,161

The equipment is amortized on a declining balance beginning in the year of acquisition.
Minimum annual payments under capital lease on equipment over the full lease term are as follows:

Intrest rate	5.24%
Expiry date	31-Dec-11
2011	$ 82,001
2012	61,501
Total minimum lease payments	**143,502**
Amount representing interest	19,046
Balance of the obligation	**124,456**
Less current portion	70,818
Long term portion	**$ 53,638**

d) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2010.

5. Mortgage Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Oustanding 2010	2009
Cypress Lodge Nursing Home CMHC, due February 1, 2023	7.50%	$31,638 principal and interest	$ 262,879	$ 274,627
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	$44,751 principal and interest	411,756	423,592
Herbert Nursing Home CMHC, due February 1, 2020	4.52%	$55,947 principal and interest $15,952 is subsidized by SHC yielding and effective interest rate of 2%	447,135	482,196
Prairie View Health Centre CMHC, due June 1, 2022	4.17%	$26,370 principal and interest $9,333 is subsidized by SHC yielding and effective interest rate of 1%	253,096	268,649
Swift Current Care Centre CUCORP, due October 1, 2019 Renewal date - October 1, 2014	5.15%	$104,592 principal and interest	776,120	838,960
Western Senior Citizen Home CMHC, due February 1, 2025	8.00%	$25,484 principal and interest	223,312	230,894
			2,374,299	2,518,919
Less : Current Portion			152,428	144,353
			$ 2,221,870	$ 2,374,566

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2011	$ 152,428
2012	161,931
2013	171,024
2014	180,656
2015	190,860
2016 and subsequent	$ 1,517,400

6. Deferred Revenue

Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
SASK HEALTH INITIATIVES				
Team Facilitator	$ 76,608	$ 656	$ -	$ 75,952
Primary Care Admin	36,313	22,209	-	14,104
RNNP Leader Project	73,785	-	-	73,785
Primary Care Team - Pharmacy	45,224	32,126	40,000	53,098
Primary Care - Leader Physicians	141,063	745,196	805,921	201,788
Primary Care - Maple Creek Physicians	-	1,069,634	1,118,088	48,454
Professional Development	82,288	80,733	31,787	33,342
Quality Workplace	66,512	98,299	31,787	-
Cultural Awareness Training	27,607	23,510	-	4,097
Nursing Safety Training Initiative	54,859	-	-	54,859
Nursing Model Expansion	50,414	2,616	-	47,798
Advanced Cardiac Life Training	51,956	47,188	-	4,768
Nursing Professional Development	38,523	19,050	-	19,473
Mentorship Program	23,800	37,400	13,600	-
Quarterly Nursing Vacancy	20,000	20,000	-	-
Recruitment of IEN Settlement	-	-	25,000	25,000
Smoking Transition	7,070	7,070	-	-
Enhanced Public Health	11,857	11,857	-	-
Project Hope	4,980	4,980	-	-
Youth Detox Program	137,747	71,251	-	66,496
A&D Initiative	98,500	73,500	-	25,000
Parent Mentoring	16,000	-	-	16,000
Train the Trainer	5,969	1,323	-	4,646
Sasksmart	1,682	-	-	1,682
HPV Administration	19,584	14,032	14,274	19,826
MMR Immunization	11,040	-	10,134	21,174
Safety Training	73,260	3,301	50,414	120,373
Integrated Case Management Training	12,000	7,323	-	4,677
Midwifery	152,496	54,155	-	98,341
Autism Framework	150,000	-	-	150,000
Food & Literacy	7,157	10,509	5,000	1,648
Infection control funding	-	-	66,258	66,258
Paramedica Act changes	-	-	21,000	21,000
Pandemic funding	-	-	106,000	106,000
Physician recruitment	-	-	120,000	120,000
2010/11 Biweekly payment #1	-	-	3,838,847	3,838,847
Total Sask Health	**$ 1,498,294**	**$ 2,457,917**	**$ 6,298,109**	**$ 5,338,486**

6. *Deferred Revenue – Continued*

Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Year
Non Sask Health Initiatives				
ABI Program Funding	$ 10,511		$ 607	$ 11,118
Mental Health Conference	11,640	2,190		9,450
Whose Job is it Anyway	3,951	3,951		-
U. of S. Pharmacy Initiative	4,000		6,000	10,000
1st Step	5,590	4,777		814
SUN Partnership	224,928	1,044		223,884
Releasing time to care	-	21,903	30,000	8,097
LEAN funding	-	52,456	295,834	243,378
Sanofi Aventis - CDM funding	-		60,000	60,000
Health Canada - Smoking Cessation	32,521	108,229	81,337	5,629
Total Non Sask Health	**$ 293,142**	**$ 194,551**	**$ 473,778**	**$ 572,369**
Total Deferred Revenue	**$ 1,794,564**	**$ 2,655,596**	**$ 10,688,887**	**$ 5,910,855**

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2010	2009	Capital Fund	Community Trust Fund	Total 2010	Total 2009
(Increase) Decrease in accounts receivable	$ (101,640)	$ 246,325	$ 98,157	$ 6,632	$ 104,789	$ 921,822
(Increase) Decrease in inventory	(254,787)	72,994	-	-	-	-
(Increase) Decrease in prepaid expenses	145,676	376,034	-	-	-	-
Decrease in other current assets	-	-	-	-	-	-
(Decrease) in accounts payable	482,454	(717,359)	-	-	-	-
Increase in accrued salaries	341,690	314,712	-	-	-	-
Increase in vacation payable	14,198	634,840	-	-	-	-
Increase (Decrease) in deferred revenue	8,033,291	885,105	-	-	-	-
	$ 8,660,883	$ 1,812,651	$ 98,157	$ 6,632	$ 104,789	$ 921,822

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2010, was $40,079 (2009- $36,844).

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Minister of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2010	2009
Revenues		
Health Quality Council	$ 325,834	$ -
Saskatchewan Association of Health Organizations	1,501,000	366,000
Saskatchewan Government Insurance	116,764	142,265
Sask Worker's Comp Board	129,649	221,801
Related Party Revenues	$ 2,073,247	$ 730,066
Expenditures		
Minister of Finance	$ 84,785	$ 99,057
Minister of Health	5,025	27,402
Ministry of Government Services	760,239	695,882
Public Employees Pension Plan	188,497	187,875
Regina Qu'appelle Health Region	761,076	923,513
Saskatchewan Association of Health Organizations	3,075,494	2,897,417
Sask Health Employees Pension Plan	3,825,328	3,140,514
Sask. Health Information Network	45,892	-
Sask Worker's Comp Board	914,187	978,645
Saskatchewan Energy Corp	642,368	789,531
SaskPower Corp	674,862	641,090
SaskTel	446,323	437,890
Sask Government Insurance	13,840	13,495
Related Party Expenditures	$ 11,437,916	$ 10,832,311
Accounts Payable		
Minister of Health	$ 6,726	$ 6,440
Ministry of Government Services	41,032	48,322
Public Employees Pension Plan	7,049	7,705
Regina Qu'appelle Health Region	106,798	87,122
Saskatchewan Association of Health Organizations	252,888	364,823
Sask Health Employees Pension Plan	303,669	260,322
Sask Health Information Network	19,426	59,045
Sask Worker's Comp Board	91,672	85,378
Saskatchewan Energy Corp	79,905	133,485
SaskPower Corp	55,321	56,439
SaskTel	40,874	38,977
Related Party Payable	$ 1,005,360	$ 1,148,058

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2010	2009
McKerracher Support Services Inc	$ 130,648	$ 121,038
Canadian Mental Health Association	154,789	129,121
Gull Lake Ambulance	135,728	140,760
Ponteix Ambulance	206,976	212,016
Val Marie Ambulance	115,969	113,820
Frontier Ambulance	144,146	146,094
Swift Current Ambulance	832,023	880,295
	$ 1,720,278	$ 1,743,145

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by a privately owned affiliate. The Act requires the affiliate to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over the affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administration function with the affiliate.

The following presentation discloses the amount of funds granted to the affiliate:

	2010	2009
Foyer St. Joseph Nursing Home		
- Operating	$ 1,531,236	$ 1,512,987
- Capital	11,650	95,260
	$ 1,542,886	$ 1,608,247

Ministry of Health requires additional reporting in the following audited financial summaries of the affiliate entities for the years ended March 31, 2010 and 2009.

	Total 2010	Total 2009
Balance Sheet		
Assets	$ 780,788	$ 645,106
Net Capital Assets	499,780	521,818
Total Assets	$ 1,280,568	$ 1,166,924
Total Liabilities	$ 131,225	$ 143,589
Total Net Assets (Fund Balances)	1,149,343	1,023,335
Total Liabilities & Fund Balances	$ 1,280,568	$ 1,166,924
Results of Operations		
RHA Grant	$ 1,531,236	$ 1,512,987
Other Revenues	512,849	495,690
Total Revenue	2,044,085	2,008,677
Salaries & Benefits	1,665,619	1,623,490
Other Expenses	204,729	201,658
Total Expenses	$ 1,870,348	$ 1,825,148
Excess Revenue over Expenses	$ 173,737	$ 183,529
Cash Flows		
Cash from Operations	$ 157,369	$ 193,541
Cash used in Financing Activities	(25,692)	(39,365)
Cash provided by (used in) Investing Activities	12,658	(84,660)
Increase/(Decrease) in Cash	$ 144,335	$ 69,516

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The RHA has an economic interest in the Foundation. The Foundation's total expenses of $337,980 (2009 - $894,263) include capital contributions of $335,936 and operating contributions of $2,043 to the RHA.

10. Comparative Information

Certain 2008-09 balances have been reclassified to conform to the current year's presentation.

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP)- This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required contributions to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2010				2009
	SHEPP	PSSP	PEPP	Total	Total
Number of active members	1,361	-	21	1,382	1,393
Member contribution rate, percentage of salary	6.60 - 9.00%	-	5.00 - 7.00%		
RHA contribution rate, percentage of salary	7.39 - 10.08%		5.00 - 7.00%		
Member contributions	3,686,269	-	97,323	3,783,592	3,132,223
RHA contributions	4,128,619	-	98,223	4,226,842	3,495,628

*Contribution rate varies based on employee group
1. Active memebers include all employees of the RHA, including those on leaves of absense as of March 31, 2010. Inactive members are transferred to SHEPP and not included in these results.

12. Budget

The RHA Board approved the 2009-10 budget plan on May 21, 2009.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - accounts receivable
  - accounts payable
  - accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market values.

- The fair value of mortgages payable and long-term debt before the repayment required within one year is $2,435,404 (2009 - $2,590,766) and is determined using the discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit limit of $1,000,000 (2009 - $1,000,000) with an interest charged at prime less 1/2%, which is re-negotiated annually. The line-of-credit is secured by region assets. Total interest paid on the line-of-credit in 2010 was $ nil (2009 - $ nil). This line-of-credit was approved by the Ministry.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2010			2009		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ 15,975	$ (15,975)	$ -	$ -	$ -
Capital asset purchases	-	25,000	(25,000)	-	94,553	(94,553)
Other	16,400,000	(16,400,000)	-	1,981	-	(1,981)
	$ 16,400,000	$ (16,359,025)	$ (40,975)	$ 1,981	$ 94,553	$ (96,534)

The inter-fund transfer of $16,400,000 from the capital fund to the operating fund was a result of a ministerial directive. The Ministry released the restriction on the capital funding for the Maple Creek project in order to offset a $16,400,000 reduction in the Region's operating funding.

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $1,422,433 (2009 - $1,425,008) under these agreements.

Following is the status of the trust funds at March 31, 2010:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The pre-amalgamation agreements outline how the funds are to be used and administered.

17. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). A number of individual issues consisting of recommendations not agreed to still remain. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by the unions and SAHO and eventually the specific decisions will be determined by a third party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

18. Collective agreements

The SEIU contract expired March 31, 2008 and, while the proposed settlement has not been agreed to or ratified by the union, an estimate for the SEIU retroactive settlement of $3,917,000 has been accrued in the financial statements. The HSAS contract expired March 31, 2009 and the negotiations are ongoing. An estimate of the settlement is not determined at this time. The SUN contract is in effect until March 31, 2012.

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses

Schedule 1

for the year ended March 31, 2010

	Budget 2010	Actual 2010	Actual 2009
Operating:			
Board costs	$ 125,000	$ 100,789	$ 82,700
Compensation - Benefits	11,818,846	11,763,103	10,708,003
Compensation - Salaries	64,435,590	68,770,024	61,818,651
Diagnostic imaging supplies	164,625	163,050	182,001
Drugs	1,124,118	1,078,695	1,110,285
Food	1,917,025	1,915,639	1,901,279
Grants to ambulance services	1,471,351	1,434,842	1,492,985
Grants to third parties	2,656,919	2,576,204	2,582,272
Housekeeping and laundry supplies	727,404	826,927	780,197
Information technology contracts	356,325	366,962	316,890
Insurance	249,240	262,563	303,890
Interest	13,000	18,710	16,299
Laboratory supplies	1,086,651	1,021,061	1,090,006
Medical and surgical supplies	2,147,044	2,147,463	2,050,587
Medical remuneration and benefits	10,168,460	9,905,450	9,392,628
Office supplies and other office costs	1,037,072	977,100	975,256
Other	1,094,050	907,712	1,093,288
Other referred out services	416,796	599,213	270,704
Professional fees	577,966	673,439	575,077
Prosthetics	310,000	352,421	327,588
Purchased services	115,680	120,041	140,253
Rent/lease costs	736,648	919,263	622,545
Repairs and maintenance	972,800	1,396,362	1,334,531
Service contracts	834,205	892,067	742,115
Travel	1,170,336	1,124,478	1,091,979
Utilities	2,131,043	1,916,684	2,021,489
	$ 107,858,194	$ 112,230,262	$ 103,023,498
Restricted :			
Amortization		$ 3,296,594	$ 3,221,461
Loss on disposal of capital assets		-	-
Mortgage interest expense		154,548	162,030
Other		509,801	114,030
		$ 3,960,943	$ 3,497,521

CYPRESS REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
As at March 31, 2010

Schedule 2

	Fair Value	Maturity	Effective Rate
Restricted Investments			
Cash and Short Term			
Chequing and Savings :			
Concentra	$ 8,163,763		
Royal Bank (Shaunavon)	186,434		
Sandhills Credit Union (Leader)	109,248		
Cypress Credit Union (Maple Creek)	19,704		
Credit Union (Eastend)	13,406		
Royal Bank (Climax)	25,353		
CIBC (Mankota)	36,627		
	$ 8,554,534		
Short Term Investments:			
Eastend Credit Union	$ 150,000	12/12/2010	0.70%
CIBC (Mankota)	41,885	6/9/2010	0.40%
Various Membership Equities	8,145		
	$ 200,030		
Total Cash & Short Term Investments	$ 8,754,564		
Long Term Investments:			
Cypress Credit Union (Maple Creek)	$ 800,000	2/11/2015	2.50%
Total Long Term Investments	$ 800,000		
Total Restricted Investments	**$ 9,554,564**		
Unrestricted Investments			
Cash and short term			
Chequing and savings			
Concentra	$ 19,698,373		
Petty Cash	7,660		
Petty Cash (Trust)	1,250		
RBC Dominion Securities	5,463		
BMO Nesbitt Burns	925		
	$ 19,713,671		
Short Term Investments			
AGF Trust Company GIC	50,000.00	12/14/2010	1.28%
Equitable Trust GIC	100,000.00	12/14/2010	1.40%
Home Trust GIC	100,000.00	12/14/2010	1.40%
B2B Trust GIC	100,800.00	06/12/2010	1.00%
Cdn Western Bank GIC	100,960.00	06/12/2010	1.20%
Citizens Bank GIC	100,800.00	06/12/2010	1.00%
Laurentian Bank GIC	100,800.00	06/12/2010	1.00%
LBC Trust GIC	100,800.00	06/12/2010	1.00%
Pacific & Western GIC	101,360.00	06/14/2010	1.70%
AGF Trust GIC	101,048.00	06/14/2010	1.31%
Cdn Tire Bank GIC	100,960.00	06/14/2010	1.20%
Equitable trust GIC	100,960.00	06/14/2010	1.20%
HSBC Bank GIC	100,800.00	06/14/2010	1.00%
Home Trust Company GIC	101,320.00	06/14/2010	1.65%
ICICI Bank GIC	101,400.00	06/14/2010	1.75%
Korea Exchange Bank GIC	101,280.00	06/14/2010	1.60%
Manulife Bank GIC	100,800.00	06/14/2010	1.00%
Peoples Trust GIC	101,040.00	06/14/2010	1.30%
State Bank of India GIC	100,800.00	06/14/2010	1.00%
	$ 1,865,928		
Total Cash & Short Term Investments	$ 21,579,599		
Long Term			
Canada Savings Bond	$ 45,074	01/11/2016	0.40%
Canada Savings Bond	200,329	10/31/2017	0.40%
Various Membership Equities	8,740		
Total Long Term Investments	$ 254,143		
Total Unrestricted Investments	**$ 21,833,742**		
Total Investments	**$ 31,388,306**		
Restricted & Unrestricted Totals			
Total Cash & Short Term	$ 30,334,163		
Total Long Term	1,054,143		
Total Investments	**$ 31,388,306**		

Restricted Investments consist:
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services)(SHC) are held in the Capital Fund (Schedule 4)
- Donations and internally restricted reserves

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

for the year ended March 31, 2010

Schedule 3

OPERATING FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations and Palliative Care	$ 131,678	$ -	$ 93,316	$ (32,455)	$ -	$ 192,540
Total Operating fund	**$ 131,678**	**$ -**	**$ 93,316**	**$ (32,455)**	**$ -**	**$ 192,540**

CAPITAL FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations	$ 945,189	$ -	$ 70,874	$ (70,874)	$ -	$ 945,189
Total Capital Fund	**$ 945,189**	**$ -**	**$ 70,874**	**$ (70,874)**	**$ -**	**$ 945,189**

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance, beginning of year	Investment & Other Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Maple Creek - Hospital	$ 631,101	$ 16,322	$ -	$ -	$ (12,500)	$ 634,923
Maple Creek - Cypress Lodge	176,809	16,107	-	(15)	-	192,901
Shaunavon Hospital & Care Centre	201,686	723	-	-	(15,975)	186,434
Eastend Wolf Willow Health Centre	160,605	2,850	-	(24)	-	163,431
Prairie View Health Centre (Mankota)	69,531	2,379	6,632	(30)	-	78,512
Leader Hospital	101,461	-	-	-	-	101,461
Border Health Centre	25,265	89	-	-	-	25,353
Western Senior Citizens Home	20,287	-	-	-	(12,500)	7,787
Mankota Trust Loan	38,264	-	-	-	(6,632)	31,632
Total Community Trust Fund	**$ 1,425,008**	**$ 38,469**	**$ 6,632**	**$ (69)**	**$ (47,607)**	**$ 1,422,433**
Total Externally Restricted Funds	**$ 2,501,876**	**$ 38,469**	**$ 170,821**	**$ (103,397)**	**$ (47,607)**	**$ 2,560,162**

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Funds

(Capital and Operating Fund Equity)
for the year ended March 31, 2010

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of of year
Capital						
SHC Replacement Reserves						
Cypress Lodge	125,687	718	-	-	(3,412)	122,993
Gull Lake Special Care Centre	106,322	608	-		(3,411)	103,519
Herbert Nursing Home	45,815	262	10,234	-	-	56,311
Western Senior Citizen Home	81,802	468	-	-	(3,411)	78,858
Total SHC	359,625	2,056	10,234	-	(10,234)	361,681
Other Internally Restricted Funds						
Saskatchewan Health Restricted						
SHIN Capital Fund	266,434	-	-	(76,731)	-	189,703
Patient Safety Funding 2007-08	27,959	-	-	(27,959)	-	-
Infastructure Funding fiscal 2008-09	4,014,809	34,254	-	(1,082,679)	-	2,966,384
Capital Funding Fiscal 2008-09	720,377	-	-	(578,121)	-	142,256
Patient Safety Funding 2008-09	811,588	-	-	(720,552)	-	91,036
Diagnostic Imaging Funding 2008-09	459,854	-	-	(313,790)	-	146,064
Maple Creek Facility funding	18,550,378	81,677	-	(16,431,317)	-	2,200,739
Swift Current Long Term Care Planning	450,000	-	-	(402,494)	-	47,506
Cypress Regional Hospital	400,000	-	-	-	-	400,000
Capital Funding Fiscal 2009-10	-	-	671,500	-	-	671,500
Region restricted						
Eastend Wolf Willow Health Centre	53,644	-	-	(3,301)	-	50,343
Total Internally Restricted Funds	26,114,668	117,987	681,734	(19,636,944)	(10,234)	7,267,211

CYPRESS REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULES OF
BOARD MEMBER REMUNERATION
for the year ended March 31,2010

Schedule 8

Board Member	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2010 total	2009 total
Bragg, Tyler	$ 9,960	$ 15,337	$ 3,957	$ 5,908	$ -	$ 962	$ 36,115	$ 24,147
Anderson, Elaine	-	2,146	1,205	1,434	-	83	4,868	9,033
Busby, Pamela	-	4,875	2,678	4,318	-	274	12,145	2,110
Deg, Bruce	-	1,900	313	272	-	75	2,559	3,989
Donnelly, Lois	-	-	-	-	-	-	-	4,561
Duncan, Donald	-	1,875	621	730	-	-	3,226	1,682
Goddard, Betty	-	-	-	-	-	-	-	2,566
Heeg, Ronald	-	3,738	398	766	-	-	4,902	5,683
Lewis, Donald	-	4,000	1,454	2,270	-	203	7,926	-
Quintin, Lyle	-	3,925	258	209	-	134	4,526	1,004
Schmaltz, Jeannine	-	-	-	-	-	-	-	5,569
Smith, Judy	-	3,669	1,605	2,496	-	201	7,971	1,822
Stephens, Larry	-	2,800	133	330	-	-	3,263	1,297
Thibault, Alma	-	-	-	-	-	-	-	2,989
Walker, Louise	-	-	-	-	-	-	-	3,916
Whiteside, Brian	-	2,525	75	38	-	82	2,720	3,399
Wilson, Terry	-	2,900	728	381	-	121	4,129	1,009
Total	$ 9,960	$ 49,689	$ 13,423	$ 19,153	$ -	$ 2,126	$ 94,350	$ 70,496

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
for the year ended March 31,2010

	2010					2009		
Senior Employees	Salaries [1]	Benefits and Allowances [2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances	Severances	Total
Jim Hornell - CEO	$ 177,635	$ 445	$ 178,080	$ -	$ 178,080	$ 168,022	$ -	$ 168,022
Kim Kruse - Director	66,732	-	66,732	-	66,732	64,794	-	64,794
Bryce Martin - Executive Director	123,984	-	123,984	-	123,984	98,352	-	98,352
Beth Vachon - Executive Director	139,180	519	139,699	-	139,699	129,295	-	129,295
Beth Adashynski - Executive Director	99,233	619	99,852	-	99,852	96,971	-	96,971
Edward Harding - Executive Director	139,358	-	139,358	-	139,358	127,683	-	127,683
Brenda Schwan - Executive Director	139,417	-	139,417	-	139,417	136,347	-	136,347
Christine Mirka - Executive Director	139,417	948	140,365	-	140,365	135,786	-	135,786
Dr. Khami Chokani - Medical Health Officer	47,202	2,451	49,653	-	49,653	163,260	-	163,260
Dr. I Radevski - Senior Medical Officer	122,794	-	122,794	-	122,794	122,794	-	122,794
Total	$ 1,194,952	$ 4,982	$ 1,199,934	$ -	$ 1,199,934	$ 1,240,305	$ -	$ 1,240,305

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

Patient 1st Review: The Patient First Review

For Patients' Sake – Commissioners Recommendations:
http://www.health.gov.sk.ca/Default.aspx?DN=79bf4a96-ff32-486d-b4ab-c0d2d4d42922

The Need for Transformation in Health Care Administration (by Deloitte):
http://www.health.gov.sk.ca/Default.aspx?DN=c4733b11-57a3-4633-aa7a-c5851389e100

The Need for More Effective Patient- and Family-Centred Care (by KPMG):
http://www.health.gov.sk.ca/Default.aspx?DN=435c79e0-67cf-47ff-a8e0-b5149de16db8

Releasing Time to Care (RTC):

RTC, The Productive Ward ™ (Health Quality Council website):
http://www.hqc.sk.ca/portal.jsp?QsA+X1UyFd0vRhvh6/qyPDBIzBf0QfLQkUwK4QBZaJvEYgnWT8wYaVVvI5thiwzu

RTC, The Productive Ward ™ (United Kingdom website):
http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html

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Surgical Initiative Program: Saskatchewan Surgical Initiative putting the Patient First

http://www.health.gov.sk.ca/saskatchewan-surgical-initiative

Cypress Health Employee Staffing Strategies (CHESS):

The Ministry of Health, with its provincial budget for 2010/11, has set new targets for the Cypress Health Region to reduce costs for overtime, sick time, and workers compensation. CHESS is the acronym of a series of strategies being implemented by Cypress Health in response to these targets. Cypress Health strategies and resources are taking on a new look (CHESS) with an energetic approach to support our commitment to enhance workplace excellence: identify opportunities, challenges, and solutions to achieve our targets!

Details on the CHESS strategies can be found at: http://www.cypresshealth.ca/CHESS.htm

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The Source: the SOURCE

The Cypress Health Region publishes a quarterly publication, *The Source,* to households and residents throughout southwest Saskatchewan. This publication is filled with health information, programs, and events offered throughout the Cypress Health Region.

Electronic versions of *The Source* can be found at: http://www.cypresshealth.ca/commnewsletters.htm

CYPRESS HEALTH REGION

REGIONAL OFFICE - 429 – 4TH Avenue NE, Swift Current, SK S9H 2J9
Telephone: (306) 778-5100 or Toll Free – 1-888-461-7443
Fax: (306) 773-9513 Email: info@cypressrha.ca
Website: www.cypresshealth.ca

AMBULANCE SERVICES

EMERGENCIES DIAL 9-1-1

COMMUNITY HEALTH SERVICES

ALL SERVICES

Swift Current	778-5280
Rural Areas	1-866-786-2510

ADDICTION SERVICES

Swift Current	778-5280
Maple Creek	662-5340

MENTAL HEALTH

Leader	628-3166
Maple Creek	662-5339
Shaunavon	297-2644
Swift Current	778-5280
(After Hours)	778-9522

PUBLIC HEALTH

Gull Lake	778-5184
Herbert	778-5287
Leader	628-3160
Maple Creek	662-4112
Ponteix	625-5102
Shaunavon	297-2644
Swift Current	778-5280
Public Health Inspections	778-5280
Rural Areas	1-866-786-2510

COMMUNITY HEALTH SERVICES

Border Health Centre (Climax)	293-2222
Eastend Wolf Willow Health Centre	295-3534
Primary Health Care (PHC) Site	295-4184
Gull Lake Health Centre	672-4700
Hodgeville Health Centre (PHC Site)	677-2292
Ponteix Health Centre	625-3382
Prairie Health Care Centre (Cabri)	587-2623
Prairie View Health Centre (Mankota)	478-2200
Vanguard Health Centre (PHC Site)	582-2044

HOME CARE SERVICES

Cabri	587-2921
Climax	293-2241
Eastend	295-3834
Gull Lake	672-4707
Herbert	784-2466
Hodgeville	677-2276
Leader	628-3166
Mankota	478-2339
Maple Creek	662-5333
Ponteix	625-5103
Shaunavon	297-1989
Swift Current	778-9531
Vanguard	582-2044

HOSPITALS

Herbert & District Integrated Health Facility	784-2466
Leader Hospital	628-3845
Maple Creek Hospital	662-2611
Shaunavon Hospital & Care Centre	297-2644
Cypress Regional Hospital	778-9400
Day Surgery	778-9419
Diagnostic Imaging	778-9457
Emergency	778-9412
Health Records	778-9440
ICU	778-9413
Laboratory	778-9563
Medical/Surgical Floor	778-9400
Mental Health Unit	778-9522
Pre-Surgical Screening	778-9530
Social Work	778-9484
Telehealth Facilitator	778-9465
Therapy Services	778-9449
Women & Children Health Services	778-9418

LONG TERM CARE

Cypress Lodge (Maple Creek)	662-2671
Eastend Wolf Willow Health Centre	295-3534
Foyer St. Joseph Nursing Home (Ponteix)	625-3366
Gull Lake Special Care Home	672-4701
Herbert & District Integrated Health Facility	784-2466
Palliser Regional Care Centre (Swift Current)	778-5160
Prairie Health Care Centre (Cabri)	587-2623
Prairie Pioneer Lodge (Swift Current)	778-5192
Prairie View Health Centre (Mankota)	478-2200
Shaunavon Hospital & Care Centre	297-1980
Swift Current Care Centre	773-9371
Western Senior Citizens Home (Leader)	628-3565

SOUTHWEST TRAUMATIC EVENTS RESPONSE TEAM (TERT)

	778-5280
(After Hours)	778-9522

COMPLIMENTS, COMMENTS, CONCERNS
778-5115 or 1-888-461-7443

HealthLine
1-877-800-0002
www.healthlineonline.ca

CYPRESS HEALTH REGION

REGIONAL OFFICE
429 – 4TH Avenue North East
Swift Current, SK S9H 2J9

Telephone: (306) 778-5100
Toll-free: 1-888-461-7443
Fax: (306) 773-9513

General E-mail Inquiries: info@cypressrha.ca
Website: www.cypresshealth.ca